GUY'S
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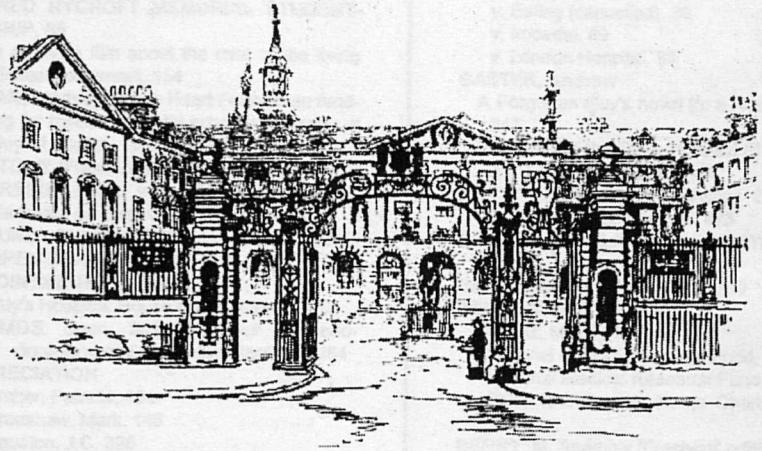
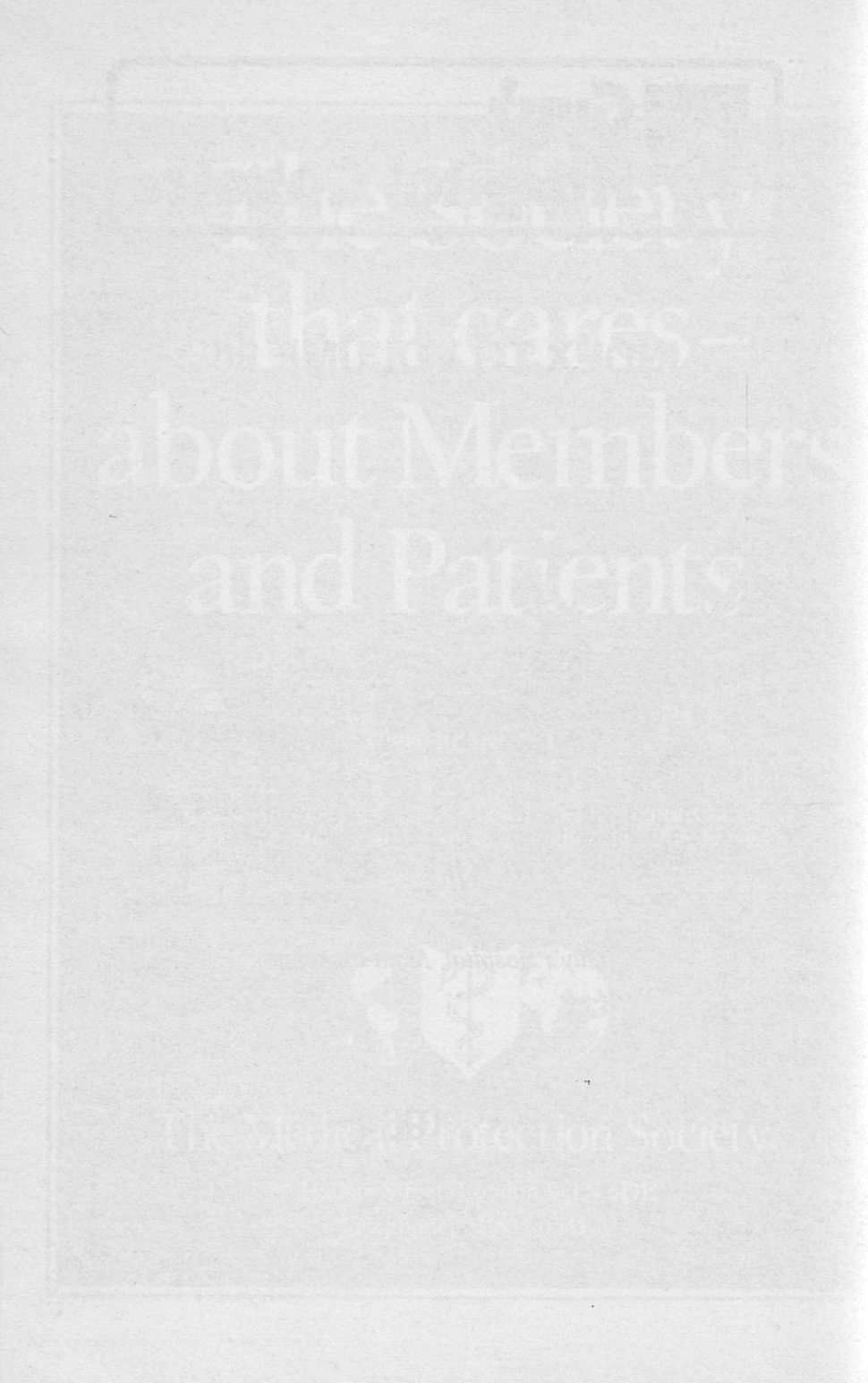


Guy's Hospital, Main Entrance.

1984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Passim

A New Year's Wish

The new year is upon us – 1984; somehow the date seems old, rather like 1884. With this thought in mind the author tried to find the new year edition of the *Gazette* of that earlier date, but to no avail. Horror of horrors – the *Gazette* was suppressed from 1880 to 1887, due to a dispute between the Governors of the Hospital and this noble journal. The details of the disagreement have been largely lost in the dust of time; a recurrence seems unlikely. So enough of the past – let us take a walk through Guy's today.

On passing through the main gates one is immediately struck by the statue of Thomas Guy, apparently staring forlornly at the endless traffic of St. Thomas' Street. Walk further into the front courtyard, and up the steps – an endless pleasure this – to cross the chessboard aisle of the Collonade and emerge overlooking the park. Along the road where the War Memorial used to be (will it ever be re-erected?), to face the new, the Tower, where the old college once stood. A turn to the right along the Great Maze Pond, lined on one side by speared railings guarding the gift of our Victorian forefathers – Hunt's House, (the bell tower now missing, such a shame), to face Out-patients – busy as ever.

To some, this walk may seem wearisomely familiar, however it is a walk through history: the very old, the old and the new. In retrospect, our pre-decessors were little daunted by the problems of their day – they have left a fine legacy. Let us hope that we may continue with the same strength of spirit, for it is doubtless that the new year will bring a crop of its own difficulties. *Nil carborundum*, let us continue the fray, for it is a competition as old as the Hospital itself.

On this note, it remains to express on behalf of the *Gazette* the warmest of felicitations to our subscribers – may the new year be happy, prosperous and fruitful.

The Guy's Story

It is with regret that we must inform our readers that the projected book *"The Guy's Story: Personality of a Hospital"*, by Dr. David Stafford-Clark, will not be published as planned consequent to a dispute between the Editorial Board of the project and the author. This whole matter was to have been the subject of an agreed statement in the *Gazette* in time for this issue. In the absence of agreement, Dr. Stafford-Clark has agreed to the publication in the *Gazette* of the title and the first four completed chapters. The author reserves any expression of his personal views on this unhappy situation until an agreed statement has been released. It is our pleasure to present the first chapter in this issue (see page 12).

Gazette Office Move

As from 28th January, 1984, the address of the *Gazette* office will be as follows: 23b St. Thomas' Street, London. SE1 9RT.

News in Brief

New Year's Honours List

Our compliments are extended to Dr. Gerard Vaughan, who has been awarded a knighthood in the recent New Year's Honours List.

Birthday Honours, 1983

It has been drawn to our attention that Mr. G. Pearson, L.D.S., R.C.S.(Eng.), was awarded the M.B.E. in the 1983 Birthday Honours List. By a most unfortunate error the honour was attributed to a mythical Mr. G. Ferrison in the September, 1983, edition of the *Gazette.* Whenever possible the *Gazette* checks all information received by our reporters for accuracy, however in this instance we have blundered and consequently extend our deepest apologies to Mr. Pearson.

Gazette Christmas Raffle

The raffle was drawn on 16th December, by Mrs. Scott. The result is as follows:

Mr. B. Osmonds . . . . . First prize (£200)
Building Superintendent's Office
Guy's Hospital Medical School

Dr. R. Groves . . . . . Second Prize (£100)
House Officer, Guy's Hospital

Mr. L. F. W. Salmon . . . . . Third Prize (£50)
Corner cottage, 46 High Street, Wimbledon

Mr. E. Dann . . . . . Fourth Prize (£30)
Guy's Hospital Athletic Ground,
Brockley Rise, London

Miss N. Gingell . . . . . Fifth Prize (£20)
Accounts Department
Guy's Hospital Medical School

Commiserations are extended to the unlucky majority – better luck next year!

Guy's Hospital R.F.C. Reunion Weekend

The annual buffet-dance will be held in Boland House at 8.00 p.m. on Saturday, 17th March, 1984. This will follow the England-Wales match at Twickenham. The cost will be approximately £7.00 per person. Tickets or further information can be obtained from Dr. T. Gibson, Dept. Rheumatology, Guy's Hospital (Tel. 407 7600 ext. 2424).

On Sunday, 18th March, the Past v. Present matches will be held at Honor Oak Park at 2.30 p.m. There will be both first and second fifteen games. Those interested in representing one or other of the Past sides should contact Dr. Alastair Cook, 63 Coleraine Road, London, SE3 (Tel. 858 2074).

Blue & Half-Blue Scarves

The Accounts Department of the Medical School have a small supply of Blue and Half-Blue Scarves – 100% wool, available for sale. The scarves retail at £6.30 each.

Dental Travelling Scholarship

This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the Travelling Scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1984 to be received by the Dean of Dental Studies by Friday, 3rd February, 1984.

The Dean of Dental studies will be pleased to discuss the matter with anyone who is interested.

Guy's Hospital Medical School

Applications are invited for the following Scholarships for the Session 1984–85. Forms are obtainable from the Dean and should be returned not later than 30th April 1984.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The scholarship is of the annual value of approximately £1,000.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health/disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £3,750 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered medical practitioners, who trained at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £1,500.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance and possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £900 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered medical practitioners or graduates in science, pathology or bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the Academic Board, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £1,650.

The Astley Cooper Studentship

Applications are invited for the Astley Cooper Studentship tenable at Guy's Hospital Medical School. The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being approximately £600 per annum. Application should be made on a form obtainable from the Dean, Guy's Hospital Medical School, London Bridge, SE1 9RT.

Department of Biochemistry Seminars – Spring Term 1984

Thursday, 16th February, 3.45 p.m. Dr. Dennis Schulster, National Institute of Biological Standards and Control. "Desensitization and the Action of ACTH on Isolated rat adrenal cells." This seminar will be held at St. Thomas'. Tea will be served there at 3.15 p.m.

Wednesday, 29th February. Dr David Galton, F.R.C.P., Department of Medicine, St. Bartholomews Hospital. "DNA polymorphisms related to Hyperlipidaemia."

Wednesday 14th March. Dr. Francis Reed. "Some consequences of UHT milk consumption in rodents fed a cariogenic diet."

Seminars will be held at 1.15 p.m. in the Department Library. Participants are invited to bring their own refreshments if they wish.

Mountaineering Club

Guy's Hospital Mountaineering Club is hoping to contact any past members of the club who would be interested in:

(i) compiling a history of the club, and

(ii) any future meetings.

Please send name, address and brief details of your acquaintance with the club to: Tom Humphries, c/o The Mountaineering Club, Boland House, Guy's Hospital, London SE1 9RT.

Obituary

Hedley John Barnard Atkins, K.B.E., D.M., M.Ch. Oxon, F.R.C.S., F.R.C.P.

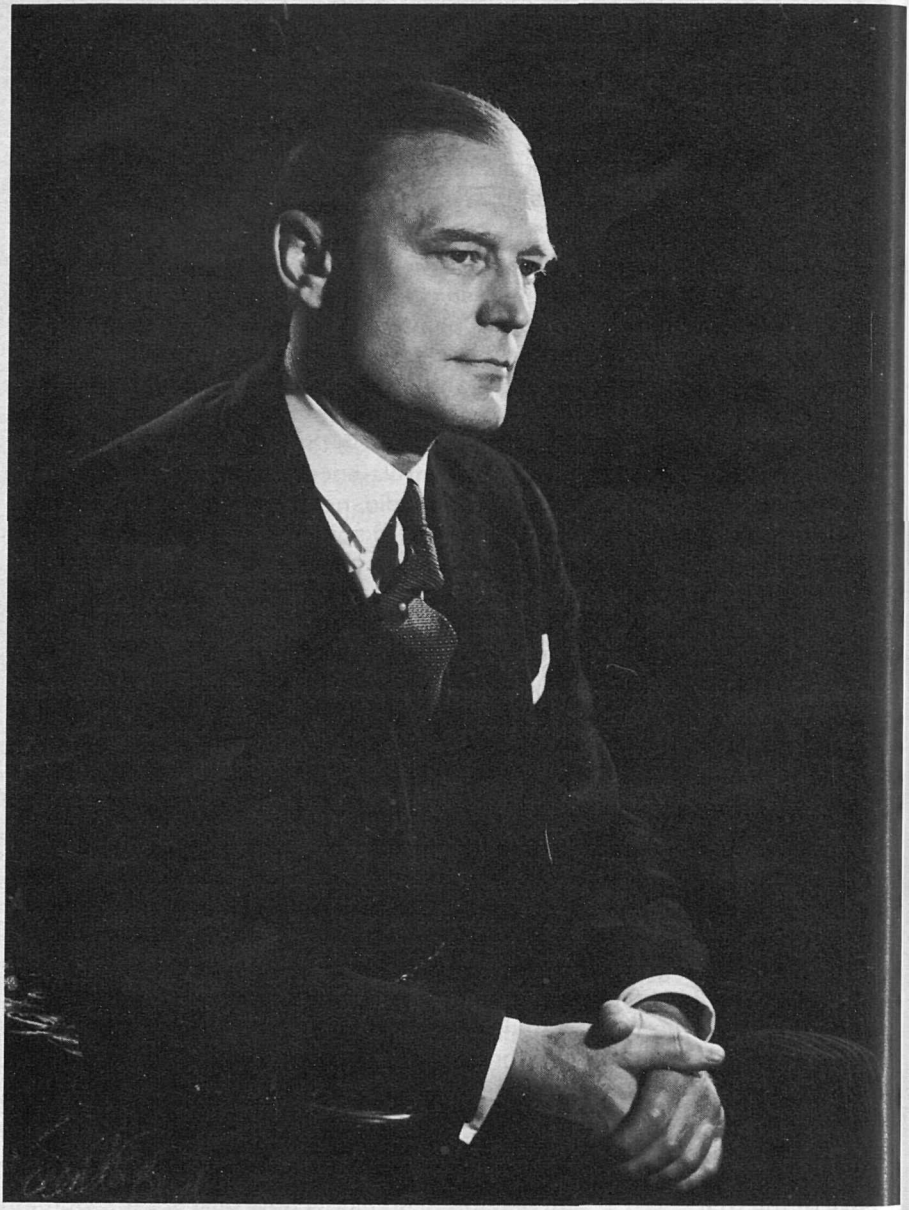
Sir Hedley Atkins, the distinguished Guy's surgeon and a past President of the Royal College of Surgeons of England, died on 26th November, aged 77.

He was the son of Sir John Atkins, a renowned Guy's general practitioner. From Rugby School he went to Trinity College, Oxford, and then to Guy's for clinical training. He was appointed to the staff at the early age of 31. He was a brilliant lecturer and his clear, fluent, and humorous delivery precluded sleep among his audience; and he usually lectured without notes or slides. His ward rounds reflected his great zest for life and he had a fund of marvellous anecdotes. He had a fine grasp of the classics as well as a thorough grounding in science. In spite of his encyclopaedic knowledge he was never too proud to admit when he did not know the answer to a problem. If the subject of a meeting strayed to something obscure, such as a previously unheard of enzyme, he would soon be saying "I expect everyone else here knows exactly what this enzyme is but I am afraid I have never heard of it, so could somebody explain it?" It would then transpire that no-one else knew either. His juniors could disagree with him and he positively welcomed this dissent, especially if they proved to be right.

He was a faithful supporter of Guy's rugby team and rarely missed a match. He and his wife Gee were generous in their hospitality to students, juniors, and colleagues and the delightful lunch parties at Down House will be remembered for a long time.

After his return from outstanding service during the war as lieutenant-colonel (mentioned in dispatches), he was appointed director of the department of surgery, because at that time Guy's was still reluctant to have a clinical professor. He eventually became the first professor of surgery in 1961 and his lifelong research into breast disease was given an additional stimulus. This work culminated in the formation, aided by the Imperial Cancer Research Fund, of the Hedley Atkins Breast Unit at New Cross Hospital for the study of diseases of the breast. He developed the technique of microdochectomy and the treatment of mammary fistulae. In the early '60s he embarked on the daring venture of a controlled clinical trial of radical mastectomy versus local excision. He took great care over the ethical considerations in these trials, thinking more of the welfare of the patient than the success of the trial.

He made a great contribution to the Royal College of Surgeons of England, as a Hunterian professor in 1936, as a member of the Court of Examiners in 1954–55, and from 1952 as one of the College's councillors. He was conscientious in his service on many committees and he was dean of the Institute of Basic Medical Sciences for three years. He was President



Sir Hedley Atkins

during 1966–69. He delivered the Vicary lecture in 1964 and the Hunterian oration in 1971. When in 1953 the College acquired Down House, in Kent, the former home of Charles Darwin, he became the honorary curator, and he and his wife made their home on the upper floor.

He also served on the General Dental Council, the General Medical Council, the Medical Research Council, and the Central Health Services Council on the N.H.S. He was President of the Association of Surgeons of Great Britain and Ireland in 1973 and President of the Royal Society of Medicine in 1975.

Sir Hedley will be remembered as a scholar, a surgeon, an excellent administrator, and a generous and kindly adviser to countless surgeons in training.

I. McC.

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Christopher John (Kit) Wilkinson

Christopher John (Kit) Wilkinson died on 30th September 1983. He was educated at Epsom College and arrived at Guy's Hospital as a dental student in the Autumn of 1950.

A tall, craggy, humorous man, he was soon involved in a wide variety of extramural activities, ranging from rugby and water polo to amateur theatricals. He fenced for London University and his commanding physical and mental presence made an indelible mark on his fellow students.

He qualified in 1954 and after a house appointment joined the Royal Navy. He served in a variety of U.K. shore bases as well as in Singapore and aboard *H.M.S. Blake*. The Navy benefited from his drive and enthusiasm in diverse activities and his unquestionable intellect was amply demonstrated when he became runner-up in the "Brain of Britain" competition.

He retired from the Royal Navy at his own request in 1971 and went into general dentistry in Petersfield, before moving to the Middle East where he practised in Bahrain and Quatar.

His restless probing brain dipped into the full spectrum of what life had to offer and it was difficult to find a topic on which Kit could not contribute well informed views.

He leaves a wife, Catherine, and five sons.

D.A.C.

Michael Coenraad Gie, M.B., B.S.

"Mike" Gie passed away peacefully, in the loving presence of his family, on the 10th December, 1983, at his home in Camps Bay, Cape Town, aged 55 years.

The youngest son of a Guy's nurse and doctor and a nephew of Professor Foxon, he was the embodiment of a Christian gentleman and a "Guy's Man". Between the World Wars his father, (a contemporary and friend of the late Superintendent of Guy's, George Doherty, and Sir John Conybeare), was honoured by being elected President of the Residents.

As his parents had regularly entertained their Guy's colleagues in Cape Town from the 1930s to the 1950s, so also did Mike and his charming wife, Norma, from the 1950s until this year; a span of approximately 50 years.

Apart from his family and patients, to whom he was devoted, nothing gave Mike more pleasure than to meet old Guy's colleagues (and *their* relatives and friends!) and to overwhelm them with limitless hospitality, which included proudly, and with justification, showing them the beauty of the fairest Cape in all the world.

There are many, like me, who remember some of the happiest days of their lives spent in the company of this quite remarkably generous man, of infinite compassion and kindness. His joy for the beautiful and good things in life was boundless and he shared it abundantly.

His pride in Guy's and its traditions was legendary. Mr. Gibberd once kindly wrote that I "could be relied upon to maintain the highest traditions of medicine". Mike Gie, however, could be relied upon "to maintain the highest traditions of Guy's". Now *that* is a different league altogether!

To Norma, Gregory, Ian, Allison and Lindie, we extend our deep sympathy. Like us, you were privileged.

P. J. F.

Clubs' Union News

Elections

While Simon Ward is away wallowing in all sorts of nasty diseases in South Africa, I have the pleasure of taking over the reins as correspondent.

The first major news item is the result of the first round of elections for next year's officers as follows:

President	John Edwards	(352)
Vice-President (Medical)	Andy Farmery	(221)
Vice-President (Dental)	Elaine Parsons	(251)

Yet again, despite the pervading air of miserable apathy which surrounds all things remotely political here at Guy's, we just managed to procure the right number of candidates to fill the posts. However, the degree of interest and appreciation of our efforts was high-lighted by the need for an extended ballot to rouse enough dentists to put a cross against Elaine's name to give her a mandate of 200 votes.

Multi-Gym Facilities

After prolonged discussions, investigations and meetings, it has been decided not to install a multi-gym facility in the Pavy Gym. However, body-builders despair not! There is now a facility in Shepherds House which may be used by Clubs' Union Members. Sessions must be arranged in advance through your respective sports club secretary by contacting Anne Gerard.

Jewish Society

All those interested in joining a fledgling society with diverse interests please contact me *via* Boland House.

Wag Week

No, the spelling is no misprint. Charities Week this year takes place from 3rd–10th February, raising money for the ENT department. Each day will have a theme, so come prepared with your hats, flowers or bad-taste garb. Help would be appreciated from all sources with the sale of Wag Mags, T-shirts and so on. For details of events please read the notice boards. Three main events in Boland House are as follows:

Friday, 3rd February at 8.00 p.m.:

Nursery Rhyme party with live band *Inflation*, games, prizes, beer promotion and cheap tickets for those in Fancy Dress.

Saturday, 4th February at 8.00 p.m.:

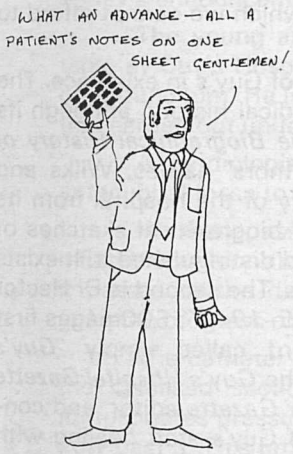
Swing evening with the famous *Len Philips Big Band*, cocktails, Martini promotion and disco. An evening not to miss.

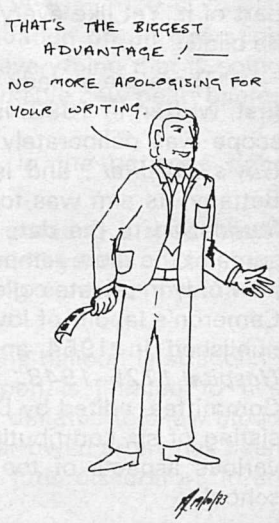
Friday, 10th February at 8.00 p.m.:

School kids disco with beer promotion and reduced tickets if you come suitably dressed.

I hope for a good attendance and enjoyable time all round.

John Edwards
(acting President)





Personality of a Hospital

The Guy's Story from 1948 to 1982
Dare Quam Accipere
by Dr. David Stafford-Clark, MD, FRCP, FRCPsy

Part 1

"Personality: The complex of characteristics that distinguishes an individual or a nation or group"

Webster's New Collegiate Dictionary, sub-section 3(a)

The word personality is used in a wide variety of contexts and meanings. It can be offensive, as for example in the phrase "there's no need to resort to personalities . . .", or technical as in the various definitions of personality in psychiatry, or in the context of flattery; "she's got a terrific personality . . ."

In this book personality is used in the context defined in Webster's Dictionary and quoted at the beginning. Guy's is certainly a group, in some ways a very individual and particular group. It is full of individual personalities, and each one of them makes a contribution to the collective personality of a society which is a family both to its patients and to its staff. Within that family almost all its members love it, and are glad to have been part of it. Yet like every family it has its faults, to which we cannot afford to be blind.

There are already three well-known histories of Guy's in existence. The first, written in 1892, is one of the classics of medical history, although its scope was deliberately limited. It was called *"The Biographical History of Guy's Hospital"*, and is usually known by its authors' names, Wilks and Bettany; its aim was to sketch not simply the story of the hospital from its foundation to the date of publication, but to give biographical sketches of some of the more remarkable personalities who had distinguished it. It exists now only in private collections and in some libraries. The second is Dr Hector Cameron's labour of love *"Mr Guy's Hospital. 1725–1948"*, 500 pages first published in 1954 and still obtainable. The third, called simply *"Guy's Hospital 1725–1948"*, was published in 1951 by the *Guy's Hospital Gazette* Committee, edited by Dr Hujohn A. Ripman former *Gazette* editor, and consisting of six contributions by current members of Guy's staff dealing with various aspects of the history and activities of the hospital and medical school.

The fact that these latter two books both take the Guy's story from its foundation in 1725 up to 1948 is not entirely coincidence. 1948 was the year when the National Health Service came into being, and took over in varying degree all the major medical facilities of the United Kingdom. It was

an epochal event, variously regarded by those whom it chiefly affected as an appalling threat, a recipe for disaster, the greatest single step in socio-political progress in the history of the United Kingdom, the dawn of a new age of hope for patients, and a wonderful new deal for the medical and nursing professions, and all their ancillary colleagues.

It will be one of the purposes of this book to seek to discover and to convey the truth about these hopes and fears, and to trace through one great society, Guy's Hospital and Schools, the physical and psychological effects of the National Health Service, as well as all the other developments in technology, communications and experience of the 34 years from 1948 to 1982. To understand what 1948 meant, we have to start a little before the appointed day of the National Health Service (5th July), and, since this book must be finished before anyone can read it, I have ventured to set an arbitrary date for the conclusion of the story which is 10th October, 1982.

Dr Hector Cameron, MD, FRCP, in his introduction to his monumental book, began with a statement as modest and affectionate as might have been expected from so eminent and emiently admirable and lovable a man:

> "To compress the history of Guy's Hospital into a book of some five hundred pages was a hard task. Yet I felt that it ought to be attempted. It would no doubt have been easier to work on a larger scale and to have filled two or three volumes, volumes which might serve as works of reference but which were hardly likely to be read for the story they had to tell. It is a great story and, if the swift stream of events is not held up by the intrusion of too much detail, it can carry us onwards irresistibly from its distant source to the broad brimming tide-way of today . . ."

Today's announcements tend to be more sensational:

> "The young angina patient lies under sedation on an operating table at Guy's Hospital, London, but aware of everything that is going on around him. He is being prepared for a remarkable new heart operation carried out under a local anaesthetic.
>
> "A cardiologist makes a small incision in the patient's right antecubital fossa to expose the brachial artery.
>
> "He then passes a special catheter incorporating a small distal inflatable balloon through the artery to the ascending aorta. From there it passes to the diseased coronary artery using contrast medium to guide its progress on a television screen.
>
> "The catheter is then positioned so that the balloon is straddling the diseased section of the artery. The balloon is inflated to five atmospheres pressure for 20 seconds and then deflated to allow blood flow past it. This process is repeated until the narrowed artery has been satisfactorily dilated. The patient himself feels little discomfort. In an hour the operation is completed."

So far so good, and the continuing story is equally brisk and optismistic:

> "Five days after being admitted to Guy's Hospital, London, the patient is home and back at work. He has no more pain, and is able to

resume active sport after two months.

"The sportsman's return to full physical activity in so short a time demonstrates a major change which is quietly overtaking the cardiac wards of many of our hospitals. Cardiac illness no longer means an automatic sentence of death or hopeless relegation to invalid status. On the contrary, the former heart patient now finds himself encouraged to take regular exercise.

"The technique employed in this case is called balloon angioplasty and represents one of a range of new approaches to cardiology in Britain. Just a few years ago the prospect of having a heart operation under a local anaesthetic with little discomfort was unthinkable. Today the 60–120 minute angioplasty procedure promises to spare many patients open heart surgery for reconstructive or by-pass work. With Britain now lying about third in the Western world for coronary heart disease, this is encouraging news."

This quotation is taken from the leading feature of the *British Medical Association News Review*, 150th Anniversary Edition; but it must have been written before the end of July. The *Socialist Challenge* newspaper for 30th July 1982 headlined TORY HEALTH CUTS KILL CHILDREN and went on to proclaim:

"This year 34 dying children, many suffering from burns, congenital heart disease, meningitis, and lung disorders, were turned away from Guy's Hospital in London.

"These unfortunate children were sent away to die, because of government spending cuts. For the Falklands war there was an unlimited supply of cash. Billions of pounds are being spent on Cruise and Trident, but Guy's has had to close the Rothschild Ward in the children's department, because the department has a measly £12,000 a month deficit!

"It is a scandal that children are turned away to die. It is a scandal that life and limb is put in jeopardy because this decadent government prefers spending money on weapons of death and destruction, rather than on our underequipped and underpaid health service."

Similar, but less politically loaded accounts of the situation appeared in the *Guardian* on 23rd July, 1982: HOSPITAL HAD TO TURN AWAY DYING CHILDREN; and *Sunday Times* on 22nd August 1982: BABIES IN NHS POVERTY TRAP. They were sparked off by a letter from Professor C. Chantler published in the *British Medical Journal*, 24th July, page 288, in which he pointed out that Guy's could no longer afford sufficient nurses in the Mother and Baby Unit, a subdivision of the Paediatric Unit, which deals with both surgical and medical aspects of children's illness from new-born babies up to adolescents, to provide the care that these desperately ill infants require and for which they had been referred to Guy's, very often by other hospitals in the South East region; Guy's has established a centre of excellence for such services probably the equal of anything of its kind in the world. The letter concluded:

"It is sometimes difficult not to believe that a major contribution of the NHS has been to restrict the health care available to the population, thus containing costs at a level lower than for almost any other developed country in the world. Whether that is what the people want is another matter."

It was immediately supported by another letter in the *British Medical Journal* from Dr. Michael Joseph, a member of the Department of Paediatrics of Guy's, who stressed that during the past three years three major reports had all unanimously recommended that throughout the country, paediatric cardiology and surgery should be concentrated in a limited number of centres of excellence to enable babies all over the country to receive the care on which their lives depended, from specially funded paediatric centres of excellence specialising in cardiology and neonatal intensive care.

It would be easy and facile to suggest that this crisis was at least in part due to the already three-month old pay dispute in the hospital service involving as it did industrial action by various hospital workers. But in this instance such a conclusion, however politically expedient, would be totally untrue. The core of the crisis is that Guy's commitment to the nursing of these desperately sick children requires the services of up to five fully trained nurses in every twenty-four hours, and that to make up the numbers, nurses have had to be brought in from special agencies to supplement the Guy's nurses, despite the overtime which all grades of nurses are unreservedly willing to devote to the job. This has been costing the Paediatric Unit £12,000 a month more than the upper limits of its current National Health Service budget and it is a National Health Service policy decision that these limits can no longer be exceeded. Professor Chantler's and Dr Michael Joseph's letters can therefore be seen as the desperate reaction of dedicated men to the slow strangulation of their efforts to give the service which they have created and which, it might be thought, is inarguably necessary.

Like all crucial and naturally highly emotionally charged issues this one is much more complicated than it appears in the necessarily superficial presentation accorded in the popular press. This is something which we have to explore together as this book unfolds; and although it is urgent and topical at the time of writing it is only one of innumerable such issues which form part of the subject with which we have to deal. But it casts a retrospective shadow over the fears of those members of the Guy's family who wondered in 1948 whether the ultimate control of hospital function by the Minister of Health and his Ministry might not eventually force the administration to tighten the noose which was inherent in the financial control invested in the National Health Service.

Many other histories have been published over the hundreds of years that hospitals have been part of the social structure of this country. Most of them are excellent accounts of heartening endeavours to provide a service for people which was indispensable to the emergence of a civilised society. Since this is to be primarily an aspect of the Guy's story over the last 34 years, it would be reasonable to mention only one or two other London teaching hospitals of comparable excellence and dedication to give some

idea of the background and common ideals which prompted their origin, and which led them in varying degree to make common cause in their approach to the concept of a National Health Service during the years leading up to 1948.

While Guy's was founded in 1725, not much more than 250 years ago, St Bartholomew's Hospital began as a religious medical foundation almost 1,200 years ago at the instigation of a monk, Father Rahere. St Thomas' Hospital goes back 800 years, and has always had a special relationship with Guy's, since at the time of Guy's foundation it was already firmly established just south of the Thames in St Thomas Street, where some remains of the original building, including one of the operating theatres, still stand as a museum and a memorial to that site. When Thomas Guy founded Guy's Hospital and Medical School in his will, the buildings were constructed on the opposite side of St Thomas Street, and difficult though it may be for a Guy's man to acknowledge this, it does seem probable that historically Thomas Guy intended Guy's to be an extension and in some ways almost an annexe of St Thomas', with special responsibilities for the care of the poorest and least curable of the patients who would seek help in that area. As we shall see later, under the provisions of the will of the founder, Guy's was also the first teaching hospital to have a special provision for 'incurable lunaticks to the number of not less than twenty', to be accepted into its beds. As the two hospitals continued to develop side by side, sharing teaching and clinical facilities, rivalries grew, and eventually, after rioting between students of the two hospitals over staff appointments and the traditionally free right of access to each other's clinical facilities, had culminated in actual fighting in the streets, separation of the two medical schools became inevitable. The Great Quarrel, as it came to be called, had spanned six unhappy years from 1824 to 1830. In 1836 Guy's established its own school.

However, wisdom and friendship between the staffs of the two hospitals prevailed and led to the inauguration of the United Hospitals dining club, to preserve and celebrate the old bonds of respect and affection which survive to this day; although in 1869 the massive development of the railway at London Bridge forced St Thomas' to move to their present site in Lambeth. But as we shall see towards the end of this book, eventual reunion of the two historically linked schools has just been achieved with the foundation of the United Medical Schools of Guy's and St Thomas'.

At this point, it is fitting to record that for at least the last 100 years the relationship between all London teaching hospitals has been one of friendly rivalry within the framework of a common purpose and a common membership of their medical schools as colleges of the University of London.

The concept of a National Health Service was formed during the Second World War as part of the Beveridge Report and although tentative proposals were discussed in and out of parliament from the mid-forties onwards, the first concrete step in its implementation was taken by the Labour government whose Minister of Health was the Right Honourable Aneurin Bevan, MP. His prodigious energies, determined drive, and considerable parliamentary experience, were largely responsible for the passing of the

National Health Service Act in 1946, two years before it was to be implemented.

Reading the histories of the teaching hospitals as they relate to this extremely important step, one gets very little sense of the protracted struggle between the Ministry of Health and the hospitals over the introduction of the National Health Service. Not only the teaching hospitals throughout the country, but the voluntary hospitals in general were extremely suspicious of the entire plan and were initially prepared to fight tooth and nail to preserve their independence. To clarify the position of hospitals in this respect throughout the United Kingdom, it is necessary simply to explain that the voluntary hospitals were funded, created and maintained by voluntary contributions, whether of capital or income or both, of which the teaching hospitals were usually the most privileged and independent; while the majority of the rest of the hospitals were creations of the various local authorities and had usually emerged from almshouses and poor law institutions, in many cases having to take over the buildings originally constructed as workhouses. Religious foundations and private hospitals endowed for profit, or at least to pay their way, formed a small minority of the remainder, while mental hospitals were characteristically 19th century creations of local authority government which bore unmistakable characteristics – large grounds remote from the urban centres of population which they served, and tending to conform to a somewhat austere pattern of institutional architecture.

It was therefore the teaching hospitals and the voluntary hospitals who could be expected to have the most to lose from the out and out take-over of their resources, buildings, and even their day to day function, seemingly an inescapable intention of the National Health Service Act. Nevertheless, because the London teaching hospitals were already established as centres of excellence in many fields of British medicine, it was they who should have had the least to fear from losing control of their own destiny. The story of Guy's in this respect is fairly typical, and this is the story which we have to tell, against the background of the general struggle to preserve independence being waged by the voluntary hospitals as a whole.

This was a struggle which the hospitals could not possibly win. They were bound to lose because they no longer had sufficient income from voluntary sources to keep going without state support. Guy's realised the inevitability of state ownership from a relatively early stage, probably about 1945, and concentrated most of its overt and covert endeavours to obtain the best possible terms from the new system. It is worth while reviewing the financial situation from 1945 to the appointed date in 1948 to gain some idea of the details both of the background to the struggle and to understand the ways in which Guy's sought to conduct it.

The Financial Position

In 1945 the income and expenditure account for the running of the hospital showed an income of £313,212 from invested endowments, donations, share of flag days, etc., and an expenditure in running the hospital of £288,002. There was therefore a credit balance of £25,210, but the writing

was on the wall. Post war costs and inflation were rising and with the anticipation of the National Health Service take-over of both the assets and the responsibilities of the teaching hospitals, it was clear that the gap between voluntary donations and expenditure was going to widen. The Guy's matron delivered an appeal on BBC radio on 21st October 1945 which raised £4,508 (this figure is included in the income for that year). The Medical School had reason to hope that the University would cushion its own financial position, following the Goodenough Report about post war policy and requirements for training medical students through university hospitals. Part of the money was naturally channelled to the teaching hospital itself, to provide teaching facilities in the wards once the students had completed their preclinical training in the laboratories and lecture theatres of the Medical School. In 1945 Guy's share of this was £13,546. In 1946 an increased grant of £22,000 was received.

However, 1946 saw the beginning of the phasing out of the financial support which the wartime emergency medical service had given to Guy's, and ominously it was the first year in the run up towards the National Health Service in which the income and expenditure account showed a significant debit balance; income for 1946 was £388,795 and expenditure £400,354. Guy's had gone into the red to the extent of £11,559, despite the increased grant from the University of £22,000. 1947 saw the financial position beginning to crumble and distress signals to be made. The Guy's Finance Committee, meeting on this occasion at the Bank of England, reported that arrangements had been made for an overdraft with the National Provincial Bank in order to meet "current commitments". The emergency medical service was being completely phased out as a source of income, and from their position of unassailable strength, the Ministry of Health offered a grant of £100,000. The hospital had to accept certain conditions attached to this grant, for example it was to be kept confidential, it was to be used only to meet current liabilities, the Minister had to be consulted about increases in pensions or salaries for any members of staff, and also about any capital expenditures over £1,000. Guy's accepted this; they had very little choice since the 1947 deficit was £64,529 in spite of a further £100,000 before the end of the financial year from the Ministry. The governors recorded "some anxiety" about the financial position whereby the hospital was still almost £65,000 in the red despite £200,000 from the Ministry. It is not recorded whether their anxiety included apprehension that in actually minuting it they were breaking the confidentiality clause attached to the Ministry's grant.

The actual figures for 1947 were: income £512,409 (including the Ministry money), expenditure £577,430. In 1948, up to the appointed day, 5th July, no-one could doubt that Guy's could not possibly stand out against taking whatever the Ministry were prepared to give. For six months from 1st January to 5th July 1948 Guy's income was £386,135 of which no less than £230,000 came straight from the Ministry; while the cost of running the hospital for that period was £369,401. For the second half of the year, Guy's was in the National Health Service, and was now committed to struggling from a position of total financial dependence, for the aims and principles

which had been part of its strategy in dealing with the Ministry from 1945 onwards.

The Strategy

Guy's greatest difficulty in shaping its strategy both before and after the appointed day was the initial facelessness of the opposition. The Minister himself was both canny and prudent in dealing with a suspicious, bewildered, and essentially privileged group of professional people. Up and down the country this group consisted of doctors of all kinds: GPs, hospital doctors, private consultants, and the Honorary staff of the teaching hospitals and their students.

Included with them must be the hospital administrators, whose position in our story is going to be increasingly important and increasingly difficult, since they were all too frequently caught in a cross-fire between the medical profession and the Ministry; being of course accountable to their own hospitals, while having to advise and execute the dictates of a Ministry whose power over the hospitals was ultimately absolute.

Last but by no means least were the Boards of Governors of the Teaching Hospitals: Guy's has always been particularly fortunate in being able to count upon the unwavering support and wise counsel of the men and women who accepted this honoured but onerous position. At the time when this story begins, their Chairman and tireless leader was the Rt Hon Lord Cunliffe; he and several of his Court will be among the key figures in its unfolding.

The nursing profession, although normally saving their devotion and their jealous preservation of a basic sense of dedication, for their patients, had historically more experience of fighting the government head on than their medical colleagues. Their battle had been fought and won by Florence Nightingale, almost single handed, in the course of the Crimean War. Its cost has been vividly described by Cecil Woodham Smith in her classic biography. Florence Nightingale spared no-one in that battle, and was at least as hard upon the recruits whom she had inspired to follow her into nursing, as she was upon the military leaders and politicians of her day whose complacent indifference she relentlessly and incessantly attacked.

Later, and in the teeth of opposition from the Senior Surgeon, she founded her own training school at St Thomas' Hospital and for some time that hospital was the supreme exemplar of nursing discipline as well as devotion; every other hospital with a school of nursing strove mightily to attain and deserve the reputation which she had founded. Cameron vividly records this part of the Guy's story in a section which begins:

> "The School of Nursing began at Guy's in 1880 when the recently appointed Matron, Miss Burt, with the support of Mr Lushington, the Treasurer, had her way in the face of the determined opposition of the whole staff."

In effect, Miss Burt had to fight the battle which Florence Nightingale had won, all over again; the hardships, privations, and rigorous unselfishness of nursing duty had still to be undergone, but were unflinchingly accepted by

the young nursing recruits as part of the price they gladly paid for the chance to do work inspired by traditions which have earned them a respect approaching adoration from their patients. This was what mattered to them, and it still is. But when a social revolution on the scale of the creation of the prestige of nursing as an honoured profession has been finally achieved, one of its legacies may well be reluctance to return to the political arena. Thus it was that during the period of struggle surrounding the birth of the National Health Service, the nursing profession as a whole trusted the doctors to do whatever fighting was necessary this time.

Medical students have long enjoyed a reputation for boisterous enthusiasms. Charles Dickens contributed to this image, and Guy's students have thrived on it. Nevertheless, within the relatively enclosed and sheltered group of their own hospital, they have periodically been accused, and have indeed accused themselves, of a complacent apathy towards issues outside their immediate interests of getting qualified, and having a good time in the process. However, they were not apathetic about the approaching National Health Service in 1948; letters began to appear in the Guy's Hospital *Gazette* from March onwards, some from old Guy's men in practice but a fair and vigorous proportion from the students themselves. Extracts from some of them can give an impression: readers stimulated to seek more than that can find the correspondence in full in back numbers of the *Gazette* in the Wills Library of the medical school.

Guy's *Gazette* 27/3/48: From a student's letter:

> "... The Service to be started in July, if not in fact a swindle, is certainly a deception. The public has been given reason to expect the unlimited services of health centres, specialists, hospital beds and nurses, to say nothing of dentists, physiotherapists and all manner of auxiliary facilities. These it has been virtually promised if we may judge from the 'Daily Mirror' and 'Daily Herald'; but what in fact it will get if the unamended Act takes effect will be the crowded waiting rooms of those few who accept service and the fees for those who do not, and the queues and longer waiting lists at the hospitals. Not only is the ordinary patient thus deceived, but Parliament itself is so bemused that by a majority of 337 to 178 it records that: 'This House ... is satisfied that the conditions ... are generous and fully in accord with ... dignity', when the very terms of such generosity to those chief dignitaries the specialists are as yet quite unknown."
>
> "That the main field of controversy has now become political is an unfortunate fact for which responsibility lies elsewhere than with the Professional. If Socialist political beliefs – I refer chiefly to nationalisation – clash with beliefs as to the ethical conduct of medical practice held by four-fifths of the profession, then those four-fifths must enter the political arena if they are to champion their own beliefs. Many of us have kept out of party politics and are merely uneasy at the way in which professional interference serves only political ends. If we believe, however, that this Act is designed not primarily to provide the best medical service but to consummate a political theory, we must oppose it, and in doing so oppose the politics which bring it about ..."

"... At present neither the Minister nor the BMA offer a middle course. Will you join, Yes or No? The decision must be reached on the individual interpretation of the ideals of medical service and not on whether the basic salary is the thin end of the wedge. Does socialised medicine as laid down in the Act and interpreted by the Minister conflict with medical conscience? Ninety-two per cent of general practitioner principals say Yes. They are the front line workers in medicine and they are the front line troops in this unhappy struggle. They look for support not only from their colleagues, the consultants and specialists; but also from their colleagues-to-be, the medical students."

From another student:

"Sir, – In the years immediately preceding the war it would not have been difficult to have found an 'Octet' of Guy's students guided by the high principles which doubtless encouraged your Correspondent's letter. Such men are amongst those who must conscientiously reject the National Health Service – they have been in such a Service during the war years and they absolutely reject the inevitable bureaucratic control."

Both these letters refer in their full text to a letter signed by eight medical students in the previous issues of 13/3/48, whose essential argument was that while the authors had "No intention of suffering gladly the bureaucratic atrocities which are so widely prophesied ..." they thought that "it would be wise to adopt the Minister's suggestion that we should give the Act a trial and deal with the evils as they arise". This open-minded attitude produced protests from those of their seniors in general practice, and private consulting practice, which can be summarised by a further extract in the same edition of the *Gazette* from a qualified Guy's man:

"... We are still a free profession yet so far we have been unable to make our will felt, although nine doctors in ten do not like the Act. How then can we hope to procure alterations when we are no longer free, bearing in mind that the Minister will have what amounts to almost dictatorial control of nearly all committees, boards, councils, etc.? I am certain that if we give way now it will be quite impossible at any later date to say 'thus far and no further'."

Ten students wrote to express their vigorous dissent from their eight predecessors:

"Sir, – We disagree entirely with your correspondents, who, although they do not relish the idea of being employed by the State, are prepared to accept the Health Service without offering any resistance.

We maintain that the National Health Service in its present form will neither improve the health of the country, nor increase the prestige of the medical profession. We now have numerous examples of State schemes which do not work efficiently, and we have no reason to believe that the Health scheme will be different from the others.

"If your correspondents 'read between the lines' of the Health

scheme, it will be found to contain many further disadvantages, about which little mention has yet been made. If we are going to oppose the Act we must do so now, as once we have signed away the freedom of the profession, there is no going back.

"We are therefore in absolute agreement with the BMA in opposing Mr Bevan's proposals."

The middle view was calmly and fairly revived by a second year student. After dealing with the arguments and counter-arguments, he wrote:

" . . . So much for the case for the opposition against the Act. It is only too true that the Health Act will not work unless the doctors come in, and it would appear that the doctors will not come in until they believe the Health Act will work. At the moment it would seem that the majority of doctors cannot accept the Health Act for reasons which, if they are the same as those stated by the BMA, are unfortunately inaccurate. *Passim* suggests that the only solution is further negotiations. There have so far been a series of concessions from the Government and not one from the BMA. The Government make no claim to possess a monopoly of knowing what is right and wrong, but it is sad indeed to see negotiations fail because of misrepresentation.

"I would suggest, very humbly, that the solution is for each doctor to acquaint himself with the true facts about the National Health Bill and then to decide, not as a citizen with a political opinion but as a doctor with a duty towards his patients, whether or not those patients will benefit when the Scheme comes into force."

In retrospect, it has to be acknowledged that all these expressions of opinion had no discernible effect whatsoever on the course of events. The negotiations which were taking place were largely secret, and involved the highest levels of protagonists on both sides. In conformity with the determined aloofness of the Minister from any direct confrontation with the profession which we have already noted, the Ministry spoke to Guy's through their chief civil servant, Sir Wilson Jameson, chief medical officer and the inaugurator of a good deal of the thinking behind the National Health Service bill, and the principal assistant secretary to the Ministry, a Mr. J. E. Pater.

Guy's were represented basically by their Board of Governors, and particularly by the Chairman of the Board, Lord Cunliffe, and the Clerk to the Governors (the senior professional administrator of the hospital), Mr. Bertie Lees Reed. Behind them they had the medical committee of the hospital consisting of all the honorary staff consultants under the chairmanship of Mr. E. G. Slesinger, OBE, MS, FRCS, one of the senior surgeons of the hospital.

Lord Cunliffe and Lees Reed were both to be re-appointed in their respective roles after the appointed day. During the preliminary negotiations they had the support of the Chairman of St Thomas' Hospital, the Right Honourable Arthur Howard, MP, who was a personal friend of Lord Cunliffe's, and through him they were able to approach two important members of the Conservative opposition, Mr. J. C. Conway, M.P., and Mr. Richard Law. Mr. Law was the Shadow Minister of Health in the Conservative Shadow

Cabinet. Mr. Conway was himself a member of the Board of Governors who developed a key role in keeping his colleagues at Guy's informed of the progress of the bill through parliament, and in turn undertook to make representations of the Guy's point of view in whatever way he could. We shall see how important this was.

Within the hospital, reserve support came from the Medical Superintendent, Mr. W. D. Doherty, M.S., F.R.C.S., Chief Genito-Urinary Surgeon, and hero of Guy's golden era of Rugby Football in the 1920s, and the Dean of the Medical School, Dr. E. R. Boland (later to become Sir Edward Rowan Boland). The position of Medical Superintendent was a peculiarly Guy's creation, whereby the final say in administration rested between the Clerk to the Governors who was not a doctor, and the Medical Superintendent who had to be a member of the consultant medical staff. Unfortunately these two particular incumbents were by no means always in agreement with each other.

In the more public area of this process of intrigue were the various bodies engaged in negotiations on behalf of the entire medical profession with the Ministry. The British Medical Association were prominently and increasingly entrenched in opposition to the NHS; largely in their role as representatives of the general practitioners who formed the majority of their members. Their main spokesmen in this role were Sir Charles Hill and Dr. Guy Dain.

The consultants' representatives were the Royal Colleges: The Royal College of Physicians, The Royal College of Surgeons, and The Royal College of Obstetricians and Gynaecologists. Lord Moran, M.D., F.R.C.P., President of The Royal College of Physicians, acted as chief spokesman for the consultants and was on the whole more favourable in his attitude to the act than the BMA and the general practitioners.

Guy's could not yet entirely believe the Moran line about the unlikelihood of significant change affecting the teaching hospitals under the National Health Service. They associated themselves more with the Association of Voluntary Teaching Hospitals (A.V.T.H.) and to a lesser extent with the British Hospitals Association (B.H.A.). Both these associations were concerned to preserve the freedom of the hospitals, and this was their importance to Guy's. After the passing of the National Health Service Act in 1946, the B.H.A. recorded uncompromisingly that income from the voluntary sector was declining dramatically and would continue to decline as the implementation of the Act approached. We have seen that this was an unassailable fact as far as Guy's were concerned; but it was a bitter pill to swallow, and by early 1946 the general opinion at Guy's began to swing away from supporting the B.H.A.'s alternative proposals and towards the proposition that the teaching hospitals should act independently and work towards obtaining the best possible deal from the bill by means of amendments, private agreements, and mutual concessions. There could be no point in total opposition to the bill since there was indisputably no financial future for voluntary hospitals.

Thereafter, Guy's worked mainly through the A.V.T.H. and was certainly one of the single most important hospitals in the Association. A number of

meetings were held at Guy's with Mr. Slesinger in the Chair, and in May 1946 the court agreed that a Guy's representative should raise at a future meeting the suggestion that:

> "The recommendations of the Association should be submitted to Mr. Richard Law, M.P., in order that they may be properly considered during the committee stages of the bill in the House."

It was also agreed that:

> " . . . it should be suggested to the Association that the representatives of the teaching hospitals should endeavour to contact their respective members of Parliament, in order to draw their attention to the recommendations of the Association . . . and in order to request of them that they use their influence to see that these points are considered during the Committee stages of the Bill."

Guy's was determined to make itself heard, even if this meant breaking ranks with the Association. The minutes continue:

> "In the event of the Association . . . deciding to take no action in connection therewith . . . the Clerk was instructed to endeavour to arrange a meeting of Guy's Hospital representatives with Mr. Law, so that the views of the hospital could be put forward."

As far as Guy's was concerned, 'opposition' to the bill did not mean forthright rejection. Churchill, as leader of the Opposition party, did not speak out against the principles of the bill. The Conservatives realised that some kind of national health service was inevitable and electorally it would have been foolish to oppose it. So what Guy's had to do was to try and persuade the Tories to take up their amendments. History does not record that they had any significant measure of success.

As an individual hospital, Guy's influence was obviously limited, but clearly it was not afraid to 'go it alone' when necessary. On 3rd June 1946 the Clerk had an interview with a 'representative' of the Minister, which was reported to the Governors. It is by no means clear when Guy's was acting alone and when it was acting as part of a representative body. For instance, in May 1946 the Acting Treasurer reported that he had been in touch with Mr. Arthur Howard, M.P., and "he had agreed to bring forward the amendments approved by the Court and by the Teaching Hospitals Association". The Acting Treasurer also reported that he had been in touch with the MP for the hospital constituency and was arranging to meet the MPs for the neighbouring constituencies to explain the attitude of the Court towards the bill.

Sometimes a sense of frustration is quite obvious. Once the bill was in Parliament, Bevan maintained his calculated distance from further consultation with either the T.H.A. or the A.V.T.H. The T.H.A. did take up Guy's proposals but they met with deaf ears at Whitehall. It was reported to the Court on 23rd April 1946, that it was 'improbable' that the representatives of the Teaching Hospitals Association would be able to meet the Minister before the second reading of the Bill (30th April). Since they had no opportunity to air their proposed amendments before the Minister, it was decided to send a letter to *The Times* with the most relevant points. Mr. Conway

undertook to do this. The Voluntary Hospitals Committee for London was firmly opposed to the suggestion of transfer of the ownership of voluntary hospitals to the state. In March 1946, even before the publication of the bill, they were sufficiently alarmed to circulate their members with proposals for possible courses of action once the detailed proposals were known. They proposed working through MPs and attempting to influence the local press. The Committee were anxious to involve the general public by posting notices at hospital entrances and in Outpatient Departments. But Guy's had long realised that a grass roots movement against the NHS was never on the cards and took no active steps to foment one.

What they still could do was to take every step in their power to ensure continuity, in the general running of the hospital, between the pre-N.H.S. past and the post-N.H.S. future. This was vital: for example, representatives of the Senior Consultant medical and dental staffs were elected to the Court before the appointed day. Dr. Boland, Mr. Slesinger, Sir John Conybeare and Mr. Kelsey-Fry became Governors at this time and for this reason. Subsequently Sir Charles Symonds, Mr. H. J. B. Atkins and Mr. F. S. Warner also received appointment.

The N.H.S. proposals stated that there would be 'no question of any interference in the internal management of voluntary hospitals'. This promise of 'money without strings' was finally taken at its word; and Guy's gradually came to believe their earlier hopes of 1945: that, after all, although there were points at issue concerning the proposals for an N.H.S., "for practical purposes there will be little change".

They were wrong. By 5th July, 1948, they had gained some measure of success in their basic goals: dilution of the effects of physical handover, retention of clinical control over their beloved and trusting patients, and retention also of their Endowments Fund (of which more later) which on 4th July 1948 stood at £542,443/8s/7d. The rumoured price for this latter concession was persuasion by the Chairman and Board of Governors of the Consultant staff to stay on and make the new order work. The Consultant Appointments had always formerly been entirely Honorary, involving neither remuneration nor contract; there was therefore nothing to prevent them from declining *en masse* to enter the NHS on any terms, as a personal protest. None did.

Loyalty to Guy's rather than the later inducements of sessional fees and the mysterious Merit Award System was what induced them to remain. Guy's 'Honoraries' basic ambivalence towards the N.H.S. arose essentially from a conflict between profound mistrust of centralised bureaucratic control balanced by a sincere desire to preserve the ideals and motto of their hospital:

"To Give rather than to Receive".

An example of this is to be found in a letter from the Medical Committee to the then Superintendent as far back as March 1946. It summarises the position which the hospital was ultimately to assume two years later, immediately prior to entering the Service. It is reproduced in full:

29th March 1946

"Dear Professor Johnston

At a meeting of the Medical Committee held on Thursday, 28th March 1946, to consider the National Health Service Bill, the following resolution was passed unanimously:

> 'That, with certain minor reservations, the Medical Committee welcomes those features of the National Health Service Bill as they affect Teaching Hospitals; and the Committee regards that part of the Bill as a sincere effect to improve the status while preserving the individuality of such hospitals.
>
> 'Having discussed the implications of the National Health Service Bill as it affects Guy's Hospital, the Medical Committee is unanimously of the opinion that the Teaching Hospitals should act independently of the B.H.A. in pressing for any modification or amendment of the Bill which they might desire. They further consider that such activities should be directed towards modifications which affect the interests of the Teaching Hospitals only.'

"In addition to this resolution, the Medical Committee were anxious that you should draw the Governors' attention to certain features of the Bill that might require modification or clarification. They are:

(a) The Committee felt that financing of the Hospital under the Bill would most appropriately be done by means of block grants, so that the day to day expenditure should be in the hands of the Governing body.

(b) That the constitution of the Board of Governors should be modified, or alternatively interpreted liberally within the Act, so that a high proportion of our present Governors should find representation on the Board.

(c) That the Chairman of the Board of Governors should be elected by the Board and not appointed by the Minister.

(d) In view of the arduous duties and time-consuming nature of the work involved, the Board of Governors should be paid for their services."

I am

Yours sincerely
(signed) H. J. B. Atkins,
Hon Secretary
Guy's Hospital Medical Committee

Professor T. B. Johnston, C.B.E., M.D.
Superintendent
Guy's Hospital

Ultimately, not one of the four concessions listed (a), (b), (c), (d) was unconditionally granted; although (b) came closest to being met. In the event, the Minister did appoint Lord Cunliffe Chairman of the new Board. He was the obvious appointment and his appointment to the South East Regional Hospital Board, where he became Chairman of the Finance Committee, put

Guy's in a strong position *vis à vis* the Regional Hospital Board. Equally the appointment of Ivor Julian, the Chairman of the new South East Regional Hospital Board, to the Board of Guy's strengthened relationships.

Nevertheless, Guy's charitable error lay in believing the promise of money without strings. They believed it because they wanted to believe it; and perhaps because their finanal negotiations in the run up to the appointed day seemed then to have achieved more success than they had expected. Reverses, such as a blank refusal to pay the Governors for their services, were discounted when travel and other expenses were offered and accepted. That offer would put the Governors on much the same footing as members of the House of Lords; and like the Lords, many of them were in fact moderately wealthy people who did not need the kind of salary that the Ministry of Health might have been expected to pay.

So the basis of the deal was that Guy's would come into the National Health Service without a single resignation by any member of the professional staff or the governing body: in return for that, they would keep their endowment fund and continue to cherish the hope that they would be allowed to do their work up to the highest standards of the centre of excellence which they unquestionably represented.

They had overlooked two inevitable consequences of a nationalised service, no matter how necessary or beneficial it was intended to be. The first was the remorseless progress towards bureaucratic centralisation which by 1953 had come to mean that neither a telephone extension could be installed nor a secretary added to the staff without written permission from the Ministry through the proper channels of communication, increasingly cumbersome and protracted as they became.

The second was the financial noose into which they had put their collective necks. In 1948 it lay almost like a garland, imperceptibly upon their shoulders; yet one day it was to tighten to the very edge of strangulation.

In retrospect, the outcome was neither victory nor defeat; but no longer a wary confrontation either. Perhaps Guy's hoped that they had achieved yet one more example of that Great British institution; a working compromise. In prospect they were eventually to discover how very difficult it could be to make that compromise work.

London Marathon

Dr. Michael Joseph would like to contact anyone from Guy's taking part in this event. c/o Floor 11, The Tower or telephone 01-407 7600 ext. 2702.

Evelina Children's Department Appeal, Guy's Hospital

by Michael Joseph

Progress Report

We are glad to report that the funds raised so far are sufficient to reopen one intensive care cot, using some of the capital. The balance of the fund is accumulating useful interest. Depending on the progress of the Appeal, the present plan is to establish a capital sum and to reopen more intensive care cots as the income allows. The District Health Authority have been asked for their agreement to these proposals.

We are very pleased to relate that we have received a number of donations as a result of the campaign announced in the December issue of the *Gazette*. We are very grateful for this response (just the shape of things to come, we hope!) and we are looking forward to receiving contributions from more old Guy's men and women, and all who are, and have been, associated with this hospital. And so we urge you to have your pens and cheque books at the alert to salute the opening of the New Year!

Perhaps if a fete or social event is being held in your town or village, then this would be a good opportunity to remember the Appeal.

Happy New Year.

'Visit by Harry Guy (descendant of Thomas Guy) to Rothschild ward at Christmas'
(Reproduced by courtesy of the South London Press)

A Concert by St James' Girls School

A concert in aid of the Evelina Hospital was given by the girls and staff of St James' Independent School in Guy's Chapel on December 30th. The audience comprised parents, families and friends of the pupils and staff of the School with representation from Guy's. The programme included carols and the audience at times joined in the singing with gusto, directed by the expert and enthusiastic choir director, Miss Ephpemiou, who had responded at very short notice. The singing by the various forms was of a high standard and professionally presented.

The concert was followed by a Buffet Supper in the Robens Suite. The party was further entertained by the choir singing the Hippopotamus song accompanied by a simulated piano rendering provided by the male element.

The idea and execution of the whole project was jointly between the school and Mrs. Warham, mother of James, who is a patient of the Evelina, and who herself is successfully raising funds for the Evelina and recently handed over a cheque for £1000. Logobugs (variegated muppet-like faces), worn on the lapel, were sold by the children in addition to approximately £300 raised from the sale of tickets for the concert.

Dr. Michael Joseph thanked St James' Choir for their singing, the headmistress, Miss Colwell and the Chairman of the Schools Governors, Mr. Roger Pincham, for the Schools' help and the audience for their generous support. Thanks were also given to Mrs. Warham for the continued work for the cause.

Dental Notes

by Mr. A. D. Robinson, Dr. S. J. Challacombe

An apology is called for. No Dental Notes appeared in the 17th December issue, not because they were unwritten, but due to a breakdown of the system of delivery. They did not get to the *Gazette* office in time. Some of what follows was intended for that issue.

In the near future we look forward to two major events in the Dental Society's Calendar. The Dental Ball will be on Saturday, 11th February, in the Great Hall at Grosvenor House. It is understood that there is room for a thousand people so no one should stay away for fear of it being too crowded. Ball tickets (£38 Double) may be obtained from Miss B. Doubleday, Floor 24, Guy's Tower, London SE1 9RT. Cheques should be made payable to Guy's Hospital Dental Society.

Saturday, 3rd March, will be the Annual Clinical Meeting followed in the evening by the Dinner at the Park Lane Hotel. The manager of the hotel wishes it to be known that a concession rate will be offered to diners who reserve a room for the night. Details will be sent with the tickets which may be obtained from A. D. Robinson, Floor 25, Guy's Tower, London SE1 9RT, at a cost of £17.50 exclusive of wine. Cheques should be made payable to Guy's Hospital Dental Society.

It is hoped that for both functions there will be full support from alumni and from staff and students of the combined Schools, Guy's based and R.D.H. based. Especially, it is hoped that those loyal diners who last May expressed strongly their wish for a function on the Hospital campus, will be forgiving and come just the same.

At the meeting of the Dental Society on Monday, 31st October, students who had been on electives during the past year gave reports on their visits. Bruce Irving and Andy Gibbons, who received sponsorship from Dentsply and Coutts Bank, gave a talk on their visit to the dental school in Lucknow, India, as well as community practices and surgeries in other parts of India. Julian Ma, who received an Alfred Rycroft award, was able to visit dental schools in North Carolina and Michigan, United States of America. Janette Keska and Caroline Osborne-Smith received a Clinical Day award and Alfred Rycroft Scholarship respectively, and visited the dental school in Bergen, Norway. Chris Sams received the George Davidson Memorial Scholarship, kindly awarded by Mr. Schwartz, and went to Malmö, Sweden.

The Dental Society were pleased to welcome Mrs. Davidson and her daughter, Mrs. I. Wolfe to the meeting and wished to thank all sponsors without whose help electives for many dental students would not be possible.

The electives have now become a valued feature of the course at Guy's, and the reports back to the Dental Society enable us all to gain an insight into the dental courses at other schools around the world, and to share the evident enjoyment of those who have been fortunate enough to visit.

The Dental Society address on Monday 14 November 1983 was given by Dr. D. M. Downer, Chief Dental Officer for the Department of Health and Social Security. Dr. Downer spoke about the structure and function of the Dental Services within the DHSS, as well as the problems involved with the efficient running of the Service. The meeting was well attended by many staff and students, and was followed by a cheese and wine reception kindly sponsored by the British Dental Association.

We note that Neil Meredith attended the Sixth B.D.A./Dentsply Clinician Programme meeting held recently in Stratford-upon-Avon. Eleven United Kingdom dental schools were represented and students from each presented a demonstration of research they had done. Neil's presentation was entitled "A new electronic instrument for measuring root canal length".

Macdonald Cup

A photograph of J. D. Haworth, winner in 1982, handing the Macdonald cup to Nigel Poole, the winner in 1983, appears overleaf.

This annual golf competition took place on 22nd June, 1983 at the Wilderness Golf Club. Afterwards, Professor and Mrs. Neill entertained competitors to a superb supper at their lovely home in Sevenoaks. Presentation of the trophy was delayed but eventually was performed with suitable ceremony on 23rd November.

Nigel Poole receiving the Macdonald Cup from the holder, J. D. Haworth

Guy's and R.D.H. based dental golfing staff and students should keep in practice for the 1984 event, whose venue and date have not yet been determined.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

A

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LIST

OF THE

OFFICERS AND MEMBERS

OF THE

PHYSICAL SOCIETY,

HELD AT

GUY'S HOSPITAL;

TOGETHER WITH A

CATALOGUE OF THE BOOKS.

LONDON:

Printed by H. REYNELL, No. 21, Piccadilly;
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M DCC LXXXVI.

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LAWS

OF THE

PHYSICAL SOCIETY,

HELD AT

GUY'S HOSPITAL,

INSTITUTED A. D. 1771.

TO WHICH ARE ANNEXED,

A LIST

OF THE

OFFICERS AND MEMBERS,

AND A

CATALOGUE OF BOOKS

CONTAINED IN THEIR

LIBRARY.

London:

PRINTED BY T. COX—PRINTER TO THE SOCIETY.

1803.

Reproduced by courtesy of the British Library and the Liverpool Medical Institute

The Library of the Guy's Hospital Physical Society, 1775–1825. Part 1

by **Andrew Baster**

The Guy's Hospital Physical Society is supposed to have begun meeting in 1771, though its minutes and first *Laws* (manuscript; in the Wills Library) only date from 1775. It was not at first associated with Guy's but met in the theatre of Dr. Lowder, a Borough teacher of midwifery; the theatre was near St. Saviour's (i.e. Southwark Cathedral). The first meetings at Guy's were in 1782; possibly earlier, but the 1780–82 minutes are missing. The Society met weekly, from October to May, to hear and discuss a dissertation, and exchange medical news and cases. It was open to physicians, surgeons and apothecaries, as well as pupils. The minutes of its meetings, brief at first, became longer as it grew more established. There have been various accounts of the Society – the most recent is by J. R. Wall, 'The Guy's Hospital Physical Society, 1771–1852', *Guy's Hospital Reports*, 1974, *123*, 159–70 – but none of them do justice to the fascination of the material contained in the minutes. Both the minutes and the Society's library are in the Wills Library.

From the first it was the intention of the Society to form a library, and a chapter of the 1775 *Laws* was devoted to the subject:

> 'That a library of Medical, Chirurgical, and Philosophical books may be purchased, for the benefit of the Society; every Ordinary member ... shall pay six pence for every meeting, towards the establishment of a fund for this purpose. ... The money thus raised, with the addition of the Fines that may become due, shall, (after the Payment of what necessary expences the Society may incur) be from time to time applied, in purchasing such books as shall be pitch'd on, by a Committee to be appointed for that end. ...'

There was to be a librarian, who was also treasurer – and so was responsible for most of the income and expenditure of the Society. He was to take care of the books, keep a catalogue of them, give them out at meetings (and only then) and call them back again. Members were allowed one book at a time, and after 1777 had to deposit the value of the book. For this reason later catalogues of the library include the price of the book.

This remained, with one exception, the basis of the Society's arrangement with its library for the next fifty years. The members paid a subscription, which after the expenses of the Society had been taken care of, was used for the purchase of books. Later 'admission money' was charged, at first 2/6 (1782), which was raised two years later to 10/6, and finally by 1807 to 2 guineas. Fines were also charged for various infringements of the laws. When this money had accumulated, a committee could be summoned (gradually this executive committee began to be elected annually, and after 1801 it met – in theory at least – once a month) to propose books. These lists of proposed

books are often found in the committee's minutes, and though they are not complete, and probably for one reason or another not all the books were bought, it is possible to follow roughly through them the growth of the library.

For the first few years the Society did not prosper. A list of the amounts received between October,1777, and January, 1778, gives the following: 7/– (two nights), 4/6, 5/6, 6/6, 7/6, 8/–, 10/–, 8/6, 13/6 (two nights), 5/–, i.e. the maximum number of members present varied from 9 to 20, and it was most likely less (some of this money would have been fines). There are quite a few notes in this and surrounding years that no business was transacted for want of members (a quorum was five) or president. On 18 March, 1780, it was decided by the committee that the following Saturday evening the Society should be 'dissolv'd or adjourn'd as the majority shall determine'. On that Saturday there were seven members present:

> 'A general & considerable contest was soon occasion'd, & continued for the evening, on the propriety of the motion before them, namely a Dissolution of the Society, & a division of the Books . . . The President endeavouring to act as the moderator, but by the influence of the supporters of the motion, was over aw'd, & the business had all the appearance of being terminated by force, till it being prov'd that the Librarian could not, with Law or justice yield the Properties of others, to this small part, & he according therein, the members, favorers of the motion, with the President suddenly withdrew . . .'

What books there were at this stage we cannot know, since there have been no books listed (with one exception, John Hunter's *Natural History of the Human Teeth,* which in May the librarian tried without success to recover from a member who 'absolutely refus'd returning' it). We know that there were some books both from their mention here and from the fact that when James Simpson was elected librarian, in October, 1779, the previous librarian, Thomas Walshman (who is in Munk's *Roll*) gave him 'a true & just account of ye Catalogue of Books belonging to ye Society & the Monies expended &c'.

For the next session (1780–81) there are only the minutes of the first meeting, and there are no minutes for the session after that. It is possible they are not missing, but that there were no meetings to record. In November 1782, however, the meetings begin again. The Society is now meeting in the Old Chemical Theatre at Guy's, which was next to the Chapel, and on the 28th, William Babington was elected treasurer and librarian. Babington had become apothecary to the Hospital in 1781, and in 1795 he was to become assistant physician. He is better known as an extremely popular physician, and much loved man, the founder or co-founder of various societies such as the Medico-Chirurgical Society, the Hunterian Society, and the Geological Society. He remained librarian to the Physical Society however until he became assistant physician, that is, for thirteen years, though after 1784 the position probably became more or less honorary, since in that year he asked the Society to allow 3 guineas p.a. 'to a man for assisting him in regulating & taking care of the Library'. The job of deputy librarian remained till about

1812, and the tips from the Society, which began to be regularly paid at the end of the year to the librarian and secretary, were paid to him and not to the librarian.

Shortly after his election Babington gave in a list of the books he had received from Mr. Simpson, the out-going librarian. From this we can see that the library consisted of 38 titles or about 40 volumes. It included James Lind's *Treatise on the scurvy, On the . . . means of preserving the health of seamen,* and his *Diseases incidental to Europeans in hot climates;* William Cullen's *Synopsis nosologiae methodicae,* vol. 1 of his *First lines,* and another book by him, perhaps the *Institutions of medicine, part 1;* the 1771 translation of Macquer's *Dictionnaire de chymie,* Priestley's *Experiments and observations on different types of air,* 3 vols, and two volumes of the *Experimental inquiries* of the physiologist Hewson. Dr. Saunders had just presented his *Observations on . . . the red Peruvian bark* and Babington presented six duplicates of his own, all of them published at least thirty years previously, and one of them, Boerhaave's *Institutes* (in Latin) in 1720. About half of the books in the list are still in the library.

Almost a year later (October 1783), it was resolved that 'a bookcase be erected for the books of the Society as commodious as consistent with the Oeconomy of the Society'. It is difficult to know where the library was at this point, or even later. From a request of the committee in January, 1789 that 'the Presidents of the Society . . . endeavour to provide a more convenient situation for the library, & if possible . . . procure a separate room for that purpose' it seems that the library was only sharing a room. That it was however a physical space is shown for example when Mr. Halliday sent some 'extracts from a Publication at Berlin relative to the Bark' (quinine) which were ordered 'to be deposited in the Society's Library' (December, 1783).

In May, 1784, 'Mention was made by ye Society of wishing to have Lists of ye contents of the Library publish'd, that each Member might be provided with a Copy . . .' and accordingly that year the first (though one may have been published in 1783) of the Society's printed *Catalogues* was published. The Society published its *Laws, List of members,* and *Catalogue of the books* (the last two usually together, sometimes all three) at various intervals. We know from the minutes that more editions were published than have survived. This is not really surprising, since although up to 500 copies of an edition were printed, they are small books, and there would have been no reason to keep them when superseded. In only three cases have I been able to find more than one copy of an edition. Those that have survived have sometimes done so because they were bound up with other books.

The printer of the 1784 *Catalogue* was Henry Reynell, Picadilly, who also printed the 1786 *List and Catalogue,* and 1787 *Laws* (when he called himself 'printer to the Society'). I have not been able to see a copy of the 1784 *List and Catalogue,* though there is apparently a copy in Brown University Library, Providence, USA. But there is a copy of the 1786 *List and Catalogue* in the British Library, from which it is possible to see that the library then held 135 titles. The catalogue is divided into folio, quarto, and octavo sizes, and it is curious to see that the Society by then held folio

editions of the works of Bacon (London, 1740) and – in Latin – of Théophile Bonet (Geneva, 1700), Michael Ettmüller (Frankfort, 1696–97) and Friedrich Hoffman (Geneva, 1740–49; perhaps incomplete, as now). Among the more modern works are several by the Hunters: William Hunter's *Gravid uterus* (there is still a copy, perhaps this one, in the library, but without the titlepage) and *Introductory lectures,* and John Hunter's *Natural history of the human teeth* (either returned, therefore, or replaced) and his *Treatise on the venereal disease.*

About this time the librarian's or deputy librarian's hours changed, for in the 1787 *Laws* (copy in the National Library of Medicine, USA) is the following passage about the librarian: 'he, or his Deputy, shall be present in the Library, on every Monday, Wednesday, and Friday, from Five till Six o'Clock'. Not only has the librarian acquired a deputy, but the library has acquired a room. In February, 1788, the times were altered to 'every Monday & Wednesday from 11 to 12 o'Clock in the Forenoon'. In March, 1792 the times altered again. Orders were to be left with the deputy librarian on Mondays, Wednesdays, or Fridays and the books 'if at home' were to be ready on the following day.

Physiotherapy

Thirty or forty years ago, physiotherapists used a variety of pieces of apparatus to stimulate, soothe, warm or bronze. Much time and effort went in to filling, carrying and, later, employing and scouring heavy rubber-lined metal arm- and leg-baths, into which the patient's extremities were inserted together with electrodes connected to a large machine. Sometimes, a constant current was applied, sometimes a varying one, and in the latter case a metronome device, which dipped a rod into a water-filled bottle – reminiscent of those duck-like creatures which infested the shelves of bars a decade or so ago – was incorporated into the circuit to surge the current.

Long-wave diathermy was in vogue at that time – meticulously folded pads (with the folding done differently at Guy's from elsewhere), perforated zinc electrodes, rubber bandages, saline solution, cotton wool, soap and water, jaconet, vaseline, talcum powder – all set out on a tray, the completion of which prior to its transport to the patient's plinth-side was a point of honour and professionalism.

A formidable open carbon arc lamp was suspended from the ceiling in Shepherd's House basement, with special wiring because of the high currents used. Still D.C. down there at that time, none of your common National Grid rubbish . . .

Gradually a change evolved – the potentially lethal ultra-violet source was dismantled, the real possibility of burning the patient with L.W. diathermy led to machines – still fizzing across their spark-gaps – to be consigned to the knackers yard; the four-cell Schnee baths had had their day.

Exercise therapy and manual treatments now held sway, and physiotherapy departments boasted that they had thrown away all their palliative and passive therapeutic devices. The up-to-date out-patient treatment room had space, with just a few wooden plinths as a concession to patients' frailty.

Today, as is its wont, the pendulum is swinging back, and manufacturers of electro-medical and exercise equipment are vying with one another to supply us with exotic apparatus, each with panacea capability. It may be anachronistic to speak of a swinging physiotherapist, but ours certainly pulsate. Ultrasound, laser beams, diadynamics – you name it, they will hit you with it. Remonstrate and you are cooked by microwave and interfered with interferentially.

Exercise space remains, though dominated by an enormous weighted contraption decorated with what appear to be water-buffalo horns, and plinths, now metal and height-adjustable, continue to offer sanctuary to the beleaguered patients. Manual techniques continue in full employment, but it looks like the dawning of a neomechanistic era.

Where did we get the money from, you ask? Gifts, sponsored fund-raising events, mostly – certainly not from the hard-pressed budget. Possibly our share in the common poverty may have one beneficial effect if it restrains a rush to embrace the new technology incontinently. Which calls to mind another useful little stimulator on the market. . . .

Ronald J. Cooper

Book Reviews

"Lecture Notes on Epidemiology & Community Medicine" by R. D. T. Farmer & D. L. Miller. 2nd edn. Pp. 214. Price: £6.80. Published by Blackwell Scientific Publications.

This is an excellent sequel to the first edition with much of the older material reappearing, though in a different sequence to give greater emphasis to the epidemiological basis of community medicine, (five of the eleven chapters include the word epidemiology in their titles). There is also greater stress on the importance of prevention in the work of community physicians; the fact that the chapter dealing with infectious disease control is half as long again as that concerned with preventing chronic disease is a reflection, as far as the developed world is concerned, of the ability to deal with the former, rather than the importance of the latter in terms of mortality or disablement.

The earlier edition of this book proved useful to many students and workers in health fields. Its popularity stemmed from its price and its brevity; the former remains competitive and at first sight the length appears to have increased by some thirty pages. However, this second edition omits a specific chapter on data presentation and analysis, with only some of the material being merged elsewhere. The exclusion of this chapter has one obvious drawback in relation to the value of community medicine and the help which its practitioners can contribute to the promotion of health. This is achieved in practice by assessing health needs and evaluating services in population terms, using epidemiological skills with emphasis on the importance of prevention in the promotion of health (all of which are well covered in the book). However it is also important for community physicians to be able to convince others and this can only be

done by convincing presentation and interpretation of data, and failure to acknowledge this explicitly by omitting the chapter, may be seen as a shortcoming by some readers. Most of the expansion of the sections which are left, takes the form of illustrative examples which are clearly intended to answer the criticism (often justified), that books based on "lecture notes" make indigestible reading and may be so cryptic that only those who are already expert in the field will understand the gist of the material. The dangers of excessive development along these lines, converting a short *vade mecum* into a formidable tome, have been avoided and the balance appears to be about right. Medical students as well as those training in various branches of nursing, health service administration and other health fields should welcome the appearance of this second edition.

J. ANDERSON,
Professor of Community Medicine

"Psychiatry for Students" by David Stafford-Clark & Andrew C. Smith. 6th edn. Pp. 343. Price: £7.95. Published by George Allen & Unwin.

It is a pleasure to welcome the 6th edition of this old friend, now much more A. C. Smith than D. Stafford-Clark but still recognisably descended from its predecessors. It remains readable, eminently so, and no medical student should regret reading it. It remains one of the best two or three books for students currently available. My suggestions for developments in the next edition include: adopting a system of classification such as the ICD–9 generally used in Britain; expanding the section on personality problems and disorders in relation to episodes of illness; including a chapter on the increasingly important psychiatry of primary care; and dealing with family, marital and brief psychotherapies in more detail. The section on mental state examination might helpfully be expanded and a mention of psychological and sociological notions such as illness behaviour would be a possibility. But the book in its 6th edition is already excellent; these are only thoughts.

J. P. WATSON,
Professor of Psychiatry

"Long Cases in General Medicine", edited by R. E. Pounder. 1st edn. Pp. 234. Price: £7.50. Published by Blackwell Scientific Publications.

Dr. Roy Pounder, a Guy's man, who has emigrated to Haverstock Hill, has produced an unusual book. The first part consists of 53 case histories, with the results of some investigations. In Part 2: The Viva, ten distinguished contributors give model answers to a series of questions concerning differential diagnosis, appropriate investigations, the final diagnosis and further management. The format is "unashamedly based upon" the clinical examinations in the M.B. or M.R.C.P. examinations.

I tried a few. Starting with a "Failed medical check-up" the differential diagnosis seemed fairly straight forward. But turning to the Viva, I was shaken to learn hitherto undisclosed details of a fantastic sex life which opened up new diagnostic possibilities. Analysis of the evidence and guidance about further investigation and management were helpful, interesting, and given with the gusto one would expect from the contributor whose initials appear at the end (S.S.). There was further fun with "A fat boy", "The dangers of exercise" and "Jaundice in a sauna secretary". These and other cases were presented equally well, and I learned a good deal. This interesting book is entertaining, stimulating and full of useful information.

R. K. KNIGHT,
Consultant Physician

"Current Trends in British Gerontology." Edited by Rex Taylor and Anne Gilmore. Pp. 230. Price: £12.95. Published by Gower Publishing Company.

This book comprises a number of reports presented at the 1980 Annual Conference of the British Gerontology Society. Contrary to an assertion made by the editors in the preface, the title does not accurately reflect the contents, which are principally confined to social gerontology. There are stimulating chapters for the enthusiast, but I doubt medical students would find this essential reading, especially as the print itself does not make for easy reading. Not a book to rush out and buy.

R. R. LEWIS
Consultant Geriatrician

Correspondence

The Friends of Guy's

Dear Sir,

Once again may I, through your columns, thank all who supported our Christmas stall? This has become a yearly event in the first week of December, and is very well supported both by those who give the gifts we sell and by those who buy them. Thanks to all the help, we raised nearly £800.

We are planning a Fête to be held in the Park on Thursday 7th June from 11 a.m. to 3 p.m. The proceeds will be for the benefit of the Ear, Nose & Throat Outpatients Department at Guy's, to improve comfort and convenience for the patients, and facilities for the medical and nursing staff.

The Ear, Nose & Throat Department at Guy's has pioneered research in the early diagnosis and treatment of total deafness in babies and young children, with support by the Medical Research Council.

Preparations are already under way for the Fête, and a group of ladies is meeting on alternate Mondays to make patchwork. This is organised by Mrs. Joyce Robinson, who has prepared packs of fabric and patterns which are available from the Services Branch Office.

All offers of help will be greatly appreciated.

Yours faithfully,

M. L. CAMPBELL (Mrs.),
Chairman, Services Branch,
The Friends of Guy's,
Mary Sheridan House,
Guy's Hospital, SE1

Annie Zunz

Dear Sir,

With reference to the article in your September issue of the *Gazette*, *"Who was Annie Zunz?"*, no mention was made of the Annie Zunz ward in the Miller General Hospital, Deptford.

The Miller General Hospital was a very well-known hospital in South-East London. Unfortunately, on the completion of the Greenwich and District Hospital, it was closed and the buildings have since been pulled down.

There is a Miller wing in the Greenwich and District Hospital, though whether the name of Annie Zunz has also been preserved, I cannot say.

Yours faithfully,

C. W. T. SHUTTLEWORTH,
Cons. Emerit. Guy's Hospital,
Woolwich, Greenwich, Deptford,
Southwark and Bermondsey Hosp. Gps.,
2 Kings Avenue,
Minnis Bay,
Birchington-on-Sea,
Kent

Nightline

Dear Sir,

I wonder if you would be kind enough to remind those of your readers who are at Guy's of the existence of Nightline. We are a student-run help, chat and information service for students and nurses, available by phone every night from 8 p.m. until 8 a.m. on 403 6437.

Although we are based at Guy's, we cover most colleges and hospitals in the S.E. London area.

Because we are all students of one sort or another, we need to recruit and train new Nightliners in order to continue to provide our service. I should, therefore, like to appeal through your pages for anyone who might be interested in becoming a Nightliner to write to us, at Guy's.

Our next training programme starts in mid-February, and I hope to have heard from some prospective Nightliners before that time.

Yours faithfully,

JEREMY WEINBREN,
Co-ordinator, S.E. London Nightline,
c/o Nurses' Home,
Guy's Hospital, SE1

Sport

With the advent of the new year, and the return of the sporting hordes to H.Q. (and The Hospital), Guy's have suffered two setbacks on the sporting fields. First, the defeat of the Men's Hockey Team in the 3rd round of the UL Cup. Then, one day later, the tragic elimination of the Rugby Team from the Hospitals' Cup by St. Bartholomew's Hospital, in a closely fought and competitive game at Chislehurst. This game will be reported in more detail in the next issue of the *Gazette*, but for those who have not yet heard, Guy's were defeated by 18-13 points and by two tries to one. All reports suggest that this was an excellent match, but the highest cudos was delivered by the *Daily Telegraph*'s correspondent who stated that this was the best Hospitals' Cup game that he had seen for a number of years. We extend our commiserations to those valiant men and wish them every success for the rest of the season.

Meanwhile, other sport at Guy's has carried on as usual. The recent arrival of a multi-gym in the Physiotherapy School has given individual members of clubs access to a new piece of equipment to aid fitness. Access to this equipment has to be through individual clubs, so if *you* are interested, please contact club secretaries who will then organise training sessions. As yet no "Fitness Club" exists so individuals should approach one of the Constituent Clubs if they wish to have access to the gym. It is worth reiterating, that all Clubs' Union members are entitled to join all the Constituent Clubs, whatever their level of ability. So it is up to you to act to gain access to this valuable piece of equipment.

In closing, I would like to wish all Guy's sportsmen and women all the best in the new year, and to ask them to remember the Guy's motto:

"Dare quam accipere".

W. Z.

CRICKET CLUB
A winter awakening

The old bear stretched, strained, growled and pawed at the ground before letting out a mighty roar, announcing that the time has come for all cricketers to relinquish their winter hibernation and to limber up those eager bodies for the coming of the new cricket season.

For the first time in a number of years, the competition for 1st XI places for important matches will be strong. However, as ever, there is room for promising recruits to obtain a regular 1st XI place; there is certainly room for the less talented, but more enthusiastic cricketers to play 1st XI cricket for Guy's, since not all 1st XI players are keen to play three games a week.

The club is running winter nets at Lords this year, starting in the middle of January. The purpose of these is to discover new talent from among the new students (including Oxford and Cambridge clinical students!)

Additionally, the club is trying to rediscover lost talent. In the last couple of years a number of players have come forward, and in their subsequent years have contributed greatly to the club.

So, if you have just come to Guy's, or have been hiding your talents from the world, please contact the Cricket Club through the Boland House Pigeon Holes.

Regular players are of course encouraged to attend the nets to gain some pre-season practice.

Wiktor Zbrzezniak

ASSOCIATION FOOTBALL
Q.M.C. V 0 Guy's 2nd XI 6

After a good start to the season with wins against London Hospital II 2–1 and Charing Cross II 4–0 (both away), results had gone against Guy's 2nd XI: against King's II in the U.L. cup and at home to Bedford III in the league. So it was a very hungry 2nd XI that made the long trip north-east to Brentwood (just south of Scotland) for the game against Q.M.C. V – hungry for a win and also for some food – that was the coach driver who hadn't had anything to eat since breakfast and poor old B.J. who hadn't even had any breakfast.

On an awful pitch it was a spirited performance with skipper Littlejohn's defence giving nothing away – that is except for Steve Brookes who gave away many a throw-in and corner in his enthusiastic

attempts to keep the ball away from Robin Russell in goal.

It was a former 'keeper, Mick Foley, with two goals and Nigel Marchbank with one who gave us our well deserved 3–0 half-time lead.

The second half saw Guy's 2nds customary loss of concentration, but many well timed hoofs out of defence from Steve ensured that Q.M.C. didn't get the ball anywhere near our goal.

Soon enough our concentration returned and a skillful move by Mick Foley and Tim Harris resulted in our fourth goal and Tim's first.

More sustained pressure from Guy's brought the fifth when Brian Jenkins struck a fierce shot from all of 35 yards which screamed into the top of the net over the outstretched arms of the Q.M.C. 'keeper – a rather undersized, overweight hobbit.

With five minutes to go, after Mick had missed his umpteenth attempt at a hat-trick, a one-two between Tim and Phil Price sent Tim away on a solo run down the right, out-pacing his marker, and finally slotting in his second goal at the near post to make it 6–0 to Guy's.

Team: R. Russell, M. Scriven, G. Stokes, I. Littlejohn (Capt.), S. Brookes, K. Debrah, B. R. Jenkins, P. Price, M. Foley, N. Marchbank, T. D. Harris.

D. D.

United Hospitals' Cup, First Round
Guy's II 7, Bart's II 0

A rejuvenated Guy's took the field for this United Hospitals Cup first round game with new signing Gary Lewin from Arsenal making his débût for the 2nds in goal. Also the 2nds were blessed by a guest appearance from the elusive Guy Rees.

It was Rees in fact who opened the scoring with the first of his two goals – as he tried to get out of the way of a fierce cross, the ball glanced off his head and into the net.

With the defence of Steve Brookes, Ian Littlejohn, Stu Mellor, and Mark "Squib" Scriven looking as tight as skipper Littlejohn's shorts – and well controlled by our far from quiet new signing – victory looked certain.

Mark "Squib" Scriven having his best game at midfield (or was it right-back?) set up Tim Harris for his first goal, a through-ball from midfield finding Tim with just the 'keeper to beat: 3–0.

Moments later, a big clearance from Squib found Tim in acres of space on the right-wing; beating his marker again, he unleashed a spectacular shot from outside the penalty area which curled into the net over a very surprised 'keeper, who was almost as surprised as Tim himself.

5–0 up at half-time; the next round of the cup looked certain and Guy's rested on their five goal lead – some members looking very unfit. When Guy's finally began to play again, the lead was increased through goals by Brian Jenkins and Nigel Marchbank to finally put the game beyond Bart's reach.

It was a good team performance with Jenkins, Rees and Kwesi's heads dominant in midfield, the defence almost watertight and Harris sometimes sharp, and often offside, up front. It was an encouraging débût for our new 'keeper who had just one error of judgement when he let a shot go which hit the post – and might so easily have gone in. He also surprised the midfield and attack with goalkicks that cleared the centre circle, and drop kicks that bounced in the opposition penalty area. Once the 2nds get used to these kicks they could become a formidable force.

Team: G. Lewin, M. Scriven, S. Brookes, I. Littlejohn (Capt.), S. Mellor, N. Masani, K. Debrah, G. Rees, N. Marchbank, B. R. Jenkins, T. D. Harris.

P.S. Squib – don't forget the "back door".

D. D.

Guy's II 9, R.S.M. II 1

On a bleak Wednesday afternoon in November it was a confident Guy's 2nds that took the field against R.S.M. Unbeaten in their last five outings, that run was to continue as they soon settled down to the job of winning.

After ten minutes, a gentle clearance by new signing Gary Lewin – growing in stature with every game – only just cleared the centre-circle and was nodded on from the first bounce by Steve Loveless right into the path of Tim "Dixie" Harris, who accepted the chance to blast the ball past a stunned 'keeper.

Guy's had to wait 20 minutes for the next goal, skipper Ian "Sipper" Littlejohn finding enough energy to actually run with

the ball, delicately chipped it over the R.S.M. defence for Dixie Harris to run on to, and slot past, the advancing 'keeper: 2-0.

After a well converted free-kick from B.J. (wrong game Brian), Dixie completed his hat-trick just before half-time after another piece of rare Loveless skill.

After the interval, for the first time in Guy's II history, the customary 2nd-half nap was forsaken and, after a few minutes, a piercing left-side run by Mick Foley caught R.S.M. napping, and, as he pulled the ball back right over the defence, there was Dixie Harris to crash home his and Guy's fourth.

Another mammoth clearance from new signing Gary was flicked on by Mick to an on-side Dixie – and, if that wasn't surprise enough (Dixie on-side) – he went on to beat two defenders and coolly slot the ball past the diving 'keeper for his fifth.

As Guy's kept up the pressure, Steve Loveless capitalised on some sloppy defence to open his account, and in some exciting goalmouth incidents, he added two more for his hat-trick. (By the way Steve, you still owe a jug).

The best R.S.M. could counter with was a corner – quite harmless it appeared at first, but as the ball bobbled free, in came a very ugly left back to miss-hit a very soft goal, the entire blame for which rests fairly and squarely with the man who should have been marking him: Dixie Harris himself.

After this, Guy's managed a consolation goal through hot-shot Mick Foley who then took over in goal from the disgraced Gary Lewin banished outfield for letting in that goal, during which time Mick "The Cat" Foley kept an immaculately clean sheet – a fine example to our new signing.

So it was a game to remember: for missed chances by Squib Scriven; for Steve Brookes actually heading the ball – twice; and for Gavin Stokes not heading the ball at all.

Team: G. Lewin, M.Scriven, G. Stokes, I. Littlejohn, S. Brookes, J. Cieslicki, B. R. Jenkins, P. Price, M. Foley, S. Loveless, T. D. Harris.

D. D.

Guy's II 2, U.C.H. II 6

After earlier successes, this defeat – the second in four days for Ian Hartly Littlejohn's 2nds – served as a sharp warning to the team, with the U.H. Cup quarter-final looming up.

It was a very lack-lustre performance by a weakened XI. With new-signing Gary Lewin on loan to a North London side, Tony Gardener took over in goal and found himself in action very early on. A terrible back pass from Gavin "Borderline" Stokes at right back went only as far as the U.C.H. centre-forward, who doesn't miss such easy chances.

The midfield were never allowed to settle and each sought his own remedy: Brian Jenkins dropping back to defence; Dave Barber pushing up to centre-forward; and Phil Price oscillating in-between. This all made for a hard time for skipper Ian Hartley Littlejohn's defence – where not even Steve Brookes' massive clearances over wall or hockey pitch could save Guy's day. Gavin was clearly upset by his earlier mistake, and at left-back John Cieslicki had a hard time trying to contain a very fast U.C.H. right-winger.

Thus it was not surprising that U.C.H. increased their lead to 2–0 at half-time. After the interval, both sides appeared to toughen-up, and a series of rash tackles eventually gave Guy's a direct free-kick just outside the box, which Timothy Dyce Harris stepped up to drive low round the wall and past the 'keeper: 1–2.

That goal inspired much confidence in Guy's, and it wasn't long before we went further behind, in spite of some very enthusiastic (hopeful) appeals for off-side.

The play then got scrappy as defeat looked certain and inevitably U.C.H. scored again: 1–4.

Guy's then managed to mount an attack which surprised us all, but then came an even greater surprise: the ref. (who shall remain nameless) spotted an infringement that none of the players had spotted, and in the box too: penalty. This was swiftly converted by Tim "Dixie" Dyce Harris; 2–4.

Any aspirations of comeback were quickly dispelled by two U.C.H. counter-attacks producing two goals: 2–6; and that's how it ended, leaving the team sick as parrots and wondering how on earth "Jimmy Saville" could possibly be cockney rhyming slang for "train".

Man of the Match: A. Farnham.

Team: A. Gardener, J. Cieslicki, G. Stokes, I. Littlejohn (Capt.), S. Brookes, D. Barber, P. Price, B. R. Jenkins, M. Fairfield, M. Bolton, T. D. Harris.

D. D.

Guy's II 4, St. Thomas' II 1
U.H. Cup Quarter Final

The U.H. Cup quarter-final was the last match of 1983, and a big crowd was expected at H.O.P. – in fact Prof. Robinson, the club president, was it. Although smaller than expected the crowd roared the home side through to the semi-final.

With new signing Gary Lewin back after a period on loan to a North London club, the 2nds were almost full strength for this important game. John Cieslicki replaced the absent Scriven in defence and had a very solid game, whilst Richard Docker made his débût for the 2nds at centre-forward, and seemed to thrive on the big-match atmosphere and also the after-match jugs.

Guy's started off badly, intimidated by a big Tommy's side, so much so that some early confusion in the home goal-mouth resulted in skipper Ian Hartley Littlejohn and John Cieslicki (also a skipper of a lesser team) combining to put Tommy's ahead.

We soon settled down and began to assert some pressure – especially on the left-flank in the shape of a "slightly" overweight vice-president. No goals were forthcoming though. Then Docker took the ball into the Tommy's area and was nearly tackled so severely that the ref. had no choice but to award a penalty which Tim "Dixie" Harris converted very easily – straight into the 'keeper's hands.

Then came the Guy's equaliser, Gavin Stokes collected the ball in defence, and, ignoring the calls of his team mates to pass, took on three Tommy's men, beat them, and reached the by-line where he crossed the ball right over the goal to the waiting Keith Underwood who unselfishly pulled it back for Guy Rees, in front of goal, to miss-kick; fortunately the ball came to Nigel Marchbank, who, with an open goal, went to shoot – but completely missed the ball, which continued to penalty kicker Dixie Harris, who blasted it in to the vacant goal: 1–1.

Guy's managed two more efforts before half-time – both coming from free-kicks. The first taken by Dixie Harris went off for a throw; the second taken by Brian Jenkins went as high over the bar as the first was wide.

The second half featured Guy's all the way, and when Keith Underwood's fierce shot was only half stopped, Dixie was there to tap in the rebound and send our supporter jumping up and down in his wellies. A few minutes later, a solo run down the left by Keith resulted in the vice president easily beating the 'keeper for a well deserved goal: 3–1. Guy's continued to pile on the pressure. A long clearance down the left was collected by the vice-pres., who sent a well timed defence-splitting ball to Dixie Harris, who shrugged off the attention of two defenders and sent the ball wide of the 'keeper for his hat-trick: 4–1.

So 4–1 was the final score, and a well deserved win it was. As the fan streamed away from the ground, delighted with the peformance, the players headed for bath, bar and celebration jugs – looking forward to the semi-final.

Team: G. Lewin, G. Stokes, S. Brookes, I. Littlejohn (Capt.), J. Cieslicki, G. Rees, R. Docker, N. Marchbanks, K. Underwood (Vice-President), B. R. Jenkins, T. D. Harris.

D. D.

P.S. As celebrations continued into the night on a station platform and on the train, back at H.Q. news came through that our opponents in the semi-final were to be Charing Cross II. The game is to be played at Cobham on Wednesday 1st of February, so come along, bring the family, and cheer the lads all the way to the final.

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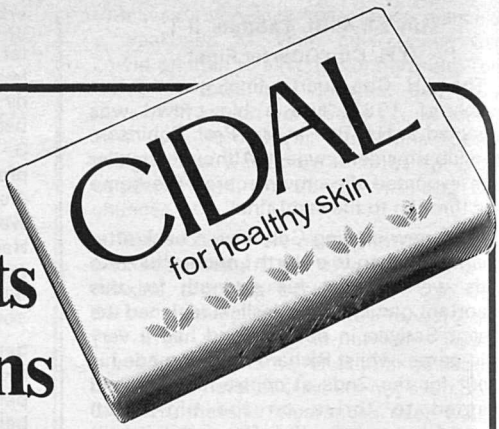

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Hospital Information

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BIRTHS

SPERRING – To Debbie (née Blacker) and Dr. Steven Sperring, the precious gift of a son, James Charles on 2nd January, in Boston, Ma., U.S.A.

DEATHS

CHAMPION – Frederick Blake, M.R.C.S., L.R.C.P., qualified Guy's 1934 and spent his whole working life in Norwich, Norfolk, 1936–1973, died 19th December 1983. Leaves a widow Mary and son Nicholas.

BROTHERTON – Eugenie Victoria (née De Save) beloved wife of Reginald William and loving mother of Sarah.

CHANGE OF ADDRESS

DR. & MRS. D. A. F. McGILL are to move in the New Year to: Old Farm House, Cripstean Lane, St. Cross, Winchester, Hants.

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Passim

A Cut Above the Rest!

A recent TV programme, *Reporting London,* drew attention to the decline of the Lewisham and Southwark area. This would appear to be a necessary part of the RAWP programme to reallocate finances in S.E. Thames, the ambition being to reflect the shifting in population. *Reporting London* focussed on Guy's, which, as we are all very well aware, has borne the brunt of the cuts. The unfairness of the cuts was highlighted: the principle argument being that Guy's is a centre of referral for a much larger population than that of the immediate vicinity. Guy's is, in effect, treating patients for whom there is no funding. Mr. Kenneth Clarke, Minister for Health, was interviewed; he wished Guy's to concentrate on high powered technology, and desired less complicated treatment to be undertaken at a more local level.

At ministerial level this may seem commendable; however, of course, Guy's is a teaching hospital. At the moment, especially on the surgical side, students are tripping over each other to see sufficient patients, owing to the present devastating cut in surgical beds. Common, routine procedures should form the basis of a student's grounding and not inappropriate "high powered" operations.

It would seem likely that Guy's is destined to become more and more specialist, obliging more and more students to visit other hospitals. The time may soon arrive when there will be little or no appropriate teaching material at Guy's. With Guy's then unable to provide a full course, the medical school may be severely compromised.

This represents the gravest risk to the future of the school and must be resisted.

BBC to the Rescue?

A few weeks ago, BBC's *That's Life* drew attention to the plight of Ben Hardwick, a young boy in need of a liver transplant. Originally the intention had been to raise money to send him to America to have the operation, but in the end a donor was found and the operation was performed in England; we wish Ben a swift recovery.

The programme managed to deal with organ transplantation in a non-sensational, albeit rather emotive, manner for which the programme organisers deserve considerable credit. As a result of this popular programme, the public are much better informed now than in the week before.

What a change from the much criticised *Panorama* programme a couple of years ago concerning brain death, which led to a 60% decrease in organ transplantation over the following six months – with a concomittant increase in human suffering. Besides being the most damnable piece of sensationalist journalism that has afflicted this country in recent time, the harm it wrought will be with us for a long time, sowing as it did the seeds of doubt

in the public's mind that organs could be taken from people who might otherwise live. Their refusal to retract their false allegations compounded the mischief.

Therefore, whilst praising Esther Rantzen for her programme, let us remember that the BBC is not above gutter journalism that would shame *The Sun.*

One would hope that the BBC would take a more responsible attitude when dealing with life and death issues; the BBC is public property and ought not to be subject to the need for sensationalism to improve its audience ratings. The medical profession should be able to look to the BBC for continued support in this important area, without deviation.

As a public and usually respected institution, the BBC must act in the public interest, and should seek expert advice before inflicting such damage in a very sensitive area.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are March 21st and May 9th.

Copy may be sent to us at 23b St. Thomas Street, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

News in Brief

Hedley Atkins

A service of thanksgiving for the life of Professor Sir Hedley Atkins will be held at St. Clement Danes Church, The Strand on Wednesday, 11th April 1984 at 11.30 a.m.

British Heart Foundation

The British Heart Foundation is to establish a research group at Guy's at a cost of £350,000 over the next five years, to investigate the structure and function of the normal and abnormal fetal heart. The group is to be headed by Dr. Lindsey Allan.

Biennial Dinner

The next Biennial Dinner will take place on Friday, 5th October, 1984, at the Connaught Rooms. Tickets are £20. Please make cheques payable to Guy's Hospital Biennial Dinner. Applications and enquiries should be addressed to Mr. M. Joyce, Keats House, Guy's Hospital SE1.

Macdonald Cup

This "Guy's" Dental Golf Competition has now been enlarged to include golfers from the Royal Dental Hospital who have joined us. It will be held on Thursday, 24th May 1984 at Dulwich and Sydenham Hill Golf Club. Staff and students with handicaps (even if somewhat rusty) are eligible to compete. Anyone who has not received a personal notification should contact David Robinson, Floor 25, Guy's Tower, Guy's Hospital SE1.

My Fair Lady

The Theatre Club will be performing the twentieth century's greatest musical on 21st, 22nd and 23rd March 1984 at 7.30 p.m. in the Harris Physiology Theatre in the Medical School. Tickets are £2 (£1.50 for students) and are available from Clare Howard, Boland House, Guy's Hospital SE1.

407 Art Club

The Guy's 407 Art Club will be arranging two exhibitions this spring. Students and members of staff are invited to contribute paintings, pottery, photographs or other works of art. If interested, please contact Dr. T. Gibson on 01-407 7600 x2424 or Dr. M. Adinolfi on x2380.

Hockey Past v. Present

This annual fixture will take place at H.O.P. on Sunday, 4th March 1984, bully-off at 11.30 a.m. Would anyone wishing to play for the Past contact Mike Appleby on Chesham 786407.

Wiktor Zbrzezniak and Sandra O'Shea

Wiktor, our new Sports Correspondent has surprised and delighted us with the news that he and Sandra, a physiotherapy student at Guy's, are engaged. The wedding will take place when Wiktor qualifies, hopefully in July 1985. We wish them all the best for the future.

Mark Batterbury has retired as Sports Correspondent, and we thank him for all his help and enthusiasm whilst in this position. We welcome Wiktor, who has already helped out while Mark was on his elective; may we wish him the best of good fortune.

Gazette Staff Appointments

Miss Juliet Goff and Mr. John Latimer have been appointed co-Assistant Editors of the *Gazette* with effect from this issue.

Charities Week Wag Mag

The Committee of the *Gazette* wish to make it clear that the *Gazette* is in no way connected with the notorious "Wag Mag".

Obituary

Thomas Henry Hills

Tom Hills died on November 19th, 1983. He was 74 years old. He was the third son of the Reverend Henry and Isabel Hills. Henry Hills was successively vicar of Battersea, Bromley and – finally – St Thomas's, Portman Square, the site now occupied by Selfridges' car park. It was to this last church that the top London doctors who lived in Wimpole Street and Harley Street, Devonshire Place and Manchester Square, came regularly to church and even Sir Maurice Craig's starched cuffs, which he rattled to punctuate the sermon, remained a memory with young Thomas. It was in these surroundings that Tom spent his childhood. He subsequently went to Uppingham and entered Guy's in 1927. His earlier studies were interrupted by spending a year with Leyland's, then a manufacturer in Lancashire of buses and lorries, working on a recently invented fly-wheel and a pre-selector gearbox which he had devised. At first he could not decide whether to make medicine or engineering his profession. The Dean said, "Hills, you must make up your mind whether to be a doctor or an engineer". He did make up his mind: he became both.

Tom Hills was always a very private person. As a student, he was rarely present at convivial students' gatherings and never on the sports fields. He was not often seen in the 'Spit'. A quiet game of snooker and a pint of beer was more to his taste at lunch time. Although he disliked organized games, he enjoyed the mountains and week-ends would often be spent at Criccieth, where his parents lived, for two days on Snowden, Tryfan and the Glydders. The journey along nearly the whole length of the A5 would start after Friday's one o'clock lecture, with arrival in time for supper and then an early morning start for the first climb on Saturday morning. His motor car, an open two seater Austin 7 with a body built by its owner, but with no floor boards, was the means of conveyance. The return journey, made overnight to arrive in time for the nine o'clock anatomy lecture, was enlivened by Hills singing the complete repertoire of the Gilbert and Sullivan operettas; this served to keep the driver awake and the passenger entertained through the long, cold, night journey.

Hills' great contribution to social life at Guy's was the brilliance and enthusiasm which he brought to the Residents' Play. Peter Bishop, Phillip Reading and Sam Wass, together with Charles de Gruchy as musical composer, had set a high level in words, lyrics and music. Hills helped to carry on this tradition; so much depended upon the songs. He wrote the numbers for the Residents' Plays of 1938 and 1939; in the melodies could be traced the debt he owed to Lionel Monckton and Noel Coward. He knew a great deal about the technique of writing musical comedy songs. The rigid form of versification of a foxtrot is no less stylized than that of a Petrarchian sonnet.

All this was elementary to Tom Hills. After the war, he was instrumental in reviving the Plays and for many years he was adviser in their production.

At one time, Hills practised from Wimpole Street where he shared rooms with the doyen of Guy's radiologists, Lindsay-Locke. His colleague was a distinguished horologist, so it is not surprising that Hills became a maker of clocks as well. Only a few weeks ago, he was perfecting the prototype of a mystery clock in which the hands, set in clear perspex, marked the hours without any visible machinery to work them.

It was not unexpected, with his liking for mechanical things, that he should have taken up the speciality of radiology. He became Director of the Department at Guy's and his work at the hospital is described in the following passage which appeared in the *Gazette* at the time of his retirement in 1974. Only the tense has had, sadly, to be changed.

He was appointed Registrar in the X-ray Deaprtment in 1936 and became Director in 1949, a post which he held until his retirement. He was at Guy's a total of 47 years with only one break of one year's duration. The X-ray Department in the '30's and '40's was very different from now. There were then two separate departments, Medical X-ray and Surgical X-ray. If a hospital Consultant did not like the service and diagnosis from one Department he merely referred his patient to the other. This may have been very convenient for certain of the Staff, but it involved duplication of apparatus and technicians, was wasteful in resources and was administratively chaotic. Dr. Hills altered this by centralising the Department in Hunt's House, laid the foundation of the Department and systematically enlarged it to meet the needs of the hospital. . . .

He conceived, and built himself, the first automatic X-ray processing machine to be used in England and in more recent years he pioneered and developed a method of film miniaturisation using a television system. He took part in many international meetings and served as technical adviser to the Ministry of Health for many years.

As a person, Tom Hills had a wonderful sense of humour, sympathetic, very approachable and ever ready to help. He was an excellent judge of people and had a happy knack of selecting a good staff. J.D.D. and F.R.K.

Hills had a great liking for and an understanding of ordinary people. He was at home with every kind of technician, indeed with anyone who had a skill, for he had an insatiable interest in the technique of every sort of craft. It is not surprising that Kipling was his favourite author; he never lost "the common touch".

W.N.M.

Jack Catchpole Rowbotham L.D.S., R.C.S.(Eng.)

Jack died peacefully in hospital on 29th January 1984, aged 91. He had continued practice part-time until last May, when his health deteriorated.

He was in the Suffolk Regiment during the first world war, during which he was gassed and sustained leg injuries. He was mentioned in despatches.

Jack entered Guy's after the war and qualified L.D.S. in 1924. While at Guy's he represented the Hospital at association football. On qualification he joined his father's practice in Ipswich and Felixstowe. In 1934 he became Hon. Dental Surgeon to the East Suffolk Hospital, a position he retained until 1960.

His hobbies were shooting and sailing, at both of which he excelled. Jack was known as one of the best shots in the county. He was a founder member of the Felixstowe Ferry Sailing Club and later served for many years as Commodore. In 1972, he was made life president in recognition of his service to the club. He was also Rear Commodore of the Royal Harwich Yacht Club 1955–59.

Every year he used to take a turkey and Christmas gifts to the crew of the Cork Lightship which was three miles off Felixstowe. In the 1920's this was by rowing or sailing boat, in more recent times in a trawler with T.V. crew aboard! This tradition ended when the lightship was replaced by an automatic light in 1976.

Jack was held in great esteem by his patients to whom he had always been devoted. So many attended his funeral that it was standing room only. He had been in practice for 59 years. He is survived by his devoted wife Peggy.

J.F.S.

Dr. Mike Gie

Dr. Mike Gie, a Sea Point general practitioner, died at his Camps Bay home on Saturday, 10th December 1983, after a long illness. He was 54.

Although Dr. Gie had been ill for almost a year before his death, his dedication to his patients kept him at work till a few weeks ago, when his condition no longer permitted it.

A close family friend described Dr. Gie as "a doctor of the old school" whose friendly and compassionate nature suited his profession very well. Because of his concern for his patients, Dr. Gie developed a wide circle of friends and became one of the best-loved and most respected doctors in Sea Point.

Dr. Gie attended St. George's Grammar School and after studying at the University of Cape Town, he graduated from Guy's Hospital, London in 1955. Dr. Gie's father died while he was studying, so he returned to Sea Point to continue, in partnership with other doctors, the practice begun by his father.

Dr. Gie leaves his wife Norma and four children – Greg, Ian, Allison and Lindi.

A memorial service was held at the Camps Bay United Church after which Dr. Gie was cremated privately.

P. J. F.

Clubs' Union News

So another year of Clubs' Union affairs has passed, and I find myself writing my last Clubs' Union News (whoopee!). I thought that for my final contribution I would present a condensed account of the events of the last twelve months.

Much of student life at Guy's, outside of working hours, that is, revolves around the bar, the various social events and also the flourishing Union Shop. So, let me begin by cataloguing the varying fortunes of these important institutions.

The jobs of Bar Secretary and Social Secretary are recognised as being very demanding, and, unfortunately, we have finished the year with different officials to those with whom we started. John Trickett had to resign his studentship after disappointing exam results, and was replaced temporarily as Bar Secretary by Mick Martin, and then on a more permanent basis by Chris Gould. However, while he was in office, John worked hard to improve the service and facilities in the bar. After much work, real ale was finally available in the bar, and a new counter top to accommodate the hand pumps helped to smarten the place up. The range of wines has been much increased and other improvements in the bar include larger storage space, and a more efficient cooling system for the beers. Both John and his successors worked hard to provide a regular upstairs bar service for the Hops in the ballroom.

As always, the bar has had its problems. Glasses are now the plastic variety, due to the prohibitive cost of replacing the authentic versions, but even these "unbreakable" substitutes disappear at an alarming rate. There continues to be a certain amount of unruly behaviour in the bar; we continue to do our utmost to discourage such antics, but help in isolating the culprits is not always as forthcoming as it should be. In such circumstances it is difficult to eliminate the behaviour which mars the enjoyment of the rest of the students who use the bar. It has also proved difficult to completely eliminate the shortages on expected profits in the bar accounts. The shortfall has been reduced by careful stock control, and the increased experience of the bar staff. A new stocktaker has also been appointed, and new electronic tills may help to isolate and reduce the remaining shortfall. A turbulent year, then, for the bar, but many thanks to John, Mick and Chris for coping well in a difficult job.

Astrid Cunningham started the year as Social Secretary, and arranged many successful events before her resignation in June. We were sorry to lose Astrid, but fortunately Jane Stebbing was willing to step in to fill the vacant post. Her main task was to organise the Snowflake Ball, which took place outside Guy's for the first time in many years, subsequent to a questionnaire held in April last year. It was decided to hold the Ball in The Glazier's Hall because of its proximity to Guy's, and because of the large number of rooms available. Unfortunately, due to the rearrangement of the Final Year Medics exams, there was no date for the Ball that was suitable for both the Medics

and the Dentists taking BDS exams; coupled with the fact that there were few dates available by the time we came to book the venue, we had to settle for 18th November, the Friday before the start of the Dental exams. The unfortunate timing, over which we had little control, meant that many of the dinner tickets were unsold. We hope to arrange a more suitable date this year. For those who did attend, it was a memorable evening with the *Pasadena Roof Orchestra* providing the main attraction. I hope the Ball will continue to be held outside Guy's, and I also hope that invitations can be extended to include more of the staff this year. Many congratulations to Jane and her team of helpers for providing such an entertaining evening.

Jane has also been responsible for many of the social events which have taken place since September. It is becoming increasingly difficult to provide cheap social functions at Guy's, especially when bands are involved, and I ask all students to consider how much a function actually costs to stage before they complain about the price of their tickets.

Concerning the loss of our Bar and Social Secretaries in the past year, some people have suggested that we employ a full-time student sabbatical officer to take on these posts. In the present economic climate that is not possible; instead, we have appointed assistants to the two Secretaries, to act as their deputies and take over in their absence. Dom Flanagan and Duncan Brooke have been very efficient in these duties and I hope that the system continues to function well this coming year.

The Union Shop has gone from strength to strength this year with the addition of more new ranges, including *Gazette* goods and the remaining stock of the now-defunct Thompson's sports shop. Elaine Parsons has coped calmly and efficiently with the ever-increasing amount of ordering, receiving and storage of goods, and more customers than ever before. With the help of John Edwards and a large number of workers, the shop has become an establishment of which Guy's can be truly proud.

Despite the large number of posters displayed around Guy's, many people still feel that they are being kept in the dark about the activities taking place at Guy's. Hopefully, the *Clubs' Union Newsletter* which has reappeared this year has served to keep more people informed of what's happening. I hope that the *Newsletter* continues to be published this year, as communication is a persistent problem at Guy's; I feel that more contact and cooperation is needed between Medics and Dentists and I'd like to see more interaction between the Clubs' Union Officers and the Dental Society, perhaps through the Dental Vice President. In this way, a greater sense of unity could be brought to affairs at Guy's.

Over the past 12 months, I have felt that more of the sports clubs have become involved with events in the Union. A refreshingly large number of clubs have held Friday night Hops, and the Clubs and Societies were very well represented at last year's Summer Festival which made more use of ground space than any previous festival. The event's well tried format should guarantee it a place as one of the most popular days at Guy's for years to come.

During the past year, Guy's has been well represented by Clubs' Union

officers in other groups within the University of London. The monthly meetings of the ULU Medical Group have provided the opportunity for discussion and exchange of useful information between the officers of the various London Medical Schools, and the Med. Group has been involved with such issues as the Medical Students' grants campaign, and the regulations governing student locums, or assistantships as they are more properly known. Over the next year, the Guy's representatives can expect to be involved in discussions concerning the latest cuts in the NHS, and it is important that students' views are known regarding this worrying new round of closures and cut-backs.

Guy's Union also sends delegates to the ULU General Council, but unfortunately this meeting is still plagued by the endless trivia of correct procedure and few debates of any value take place without getting submerged in numerous points of order.

On a national basis, the twice yearly conference of the M.S.S.I.S. has enabled Guy's officers to meet with Medical Students from all over Britain, and the knowledge gained there has enabled us to run Guy's Clubs' Union in a more efficient manner, and put new ideas into action. The Union will continue to support this event, especially as we continue to have one of our students on the representative panel for the conference. John Edwards took over this post in September, to replace Roger Matthews who was Union President 2 years ago.

And there you have it – the events of import of the past year in a nutshell. But before I finish I must mention some more of the people who've made all this year's Union activities possible. The Plasma Roadshow has been run almost single-handed by Rick Harty over the past year and he deserves praise for all his efforts. Once again, it would have been impossible to run Union affairs without the help of the staff members. So, thanks to Dr. Scott for his good humoured and carefully considered chairmanship of the Council; to Mr. Beard, the Vice-Chairman; to Dr. Denmark for all his useful suggestions during his year in office; to Professor Rowe for his work as Senior Treasurer; and last, but by no means least, to Mr. Bompas for his unflagging interest in student affairs. I'd like to express my gratitude to the staff of Boland House, to Harry Kean, and to Keith Robinson for his culinary expertise.

The students who have helped in the shop, who have manned the door at various functions, who have been on hand to carry chairs or put up posters are too numerous to mention, but I would like to single out Andy Williams for his help with the Summer Festival, and his editorship of the *Freshers' Magazine.*

I'll finish off by wishing the new team all the best for the coming year, and I hope that you, the students, the body of the Clubs' Union, will give them your fullest support. It is crucial that you communicate to them your wishes, your dissatisfactions, and your praises, so that they can be sure that the decisions they make are in accord with the desires of the students of Guy's Hospital.

Simon Ward

The Merger of the Royal Dental Hospital of London School of Dental Surgery with the Dental School of the United Medical Schools of Guy's and St. Thomas' Hospital

Professor W. J. Tulley, Ph.D., B.D.S., F.D.S.R.C.S., D.Orth.R.C.S. Dean of Dental Studies

Introduction

With effect from 1st August 1983, the merger of the Royal Dental Hospital of London School of Dental Surgery with the United Medical Schools of Guy's and St. Thomas's Hospitals was achieved, to form the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals. From that date therefore, the "Royal" ceased to exist as an independent School of the University. Following this decision, there will be no further entry of undergraduate students to the Royal and those students who completed their pre-clinical course in July 1983 and would otherwise have moved to Leicester Square for the clinical course, will now complete their training elsewhere in the University.

Thus passes an institution unique in this country, a dental school which was totally independent.

It is important to record some details of the events leading up to this merger and to give a short synopsis of the history of both schools.

The Royal Dental Hospital School of Dental Surgery

The Royal was the oldest dental school in the United Kingdom and the second oldest in the world. Its origin dates back to the formation in 1856 of the Odontological Society of London in response to concern about the problem of dental education and the need for a qualification in Dental Surgery. The Society appointed a committee to undertake the preliminary work for the establishment of a dental school. As a first and necessary step, the Dental Hospital of London was opened on 1st December, 1858. The School was opened at 32 Soho Square on 1st October, 1859, after a successful appeal by the Society to the Royal College of Surgeons and Parliament for the establishment of an examination for a Licentiate in Dental Surgery. In 1874 the Hospital and School removed to larger premises in Leicester Square. The growth of the two institutions soon necessitated the provision of a new building on an adjacent site, which was opened in March 1901 and which is still in occupation for the treatment of patients and education of students; it will remain so until 1985.

In 1901 King Edward VII granted his patronage to the institution and approved the use of the prefix "Royal". At this stage the Odontological Society (now the Odontological Section of the Royal Society of Medicine) severed its official connection with the Hospital and School.

In 1911 the Royal was admitted as a School of the University of London in the Faculty of Medicine. On 5th July 1948, when the National Health Service Act came into force, the Royal Dental Hospital became part of the St. George's Hospital Teaching Group and the School was incorporated as an autonomous body.

Among the founders of the Royal Dental Hospital and its School were such eminent men in the medical and dental professions as Samuel Cartwright, F.R.S., Samuel Cartwright, Jnr, F.R.C.S., Edwin Saunders, F.R.C.S. (whose energy and generosity did much to stimulate the growth of the institution), John Tomes, F.R.S., Arnold Rogers, F.R.C.S., and his son Thomas, and Campbell de Morgan, F.R.S., F.R.C.S. Both School and Hospital were also deeply indebted to James Moncrieff Arnott, F.R.C.S., the President of the Royal College of Surgeons in 1850 and 1859, and the first consulting surgeon to the Hospital (1855–65).

Although readers may be more familiar with the history of Guy's, it is perhaps worth recalling a few aspects for comparison:

Guy's Hospital Dental School

Thomas Guy who founded Guy's Hospital at his "sole costs and charges" was born in 1645 in the Parish of St. John, Horselydown, not far from the place where he was to build his Hospital. At the age of 15 he was apprenticed to a bookseller in Cheapside in the City and in 1668 after serving his apprenticeship, he started in business on his own as a bookseller, printer and publisher. His business flourished and he gradually acquired great wealth so that in 1720 he was able to carry out what appears to have been a long cherished scheme, the foundation of the Hospital which bears his name. On 27th December 1724, Thomas Guy died, one year before his Hospital opened.

In 1799 Guy's became the first hospital in London to appoint a dental surgeon, Joseph Fox, to provide dental treatment for patients and to give lectures in Dental Surgery. Nearly a century later, in 1888, Guy's became the first general hospital to establish a dental school – a scheme conceived by Frederick Newland-Pedley – in which clinical teaching and research in dentistry could be carried out. He had considerable difficulty in persuading the two existing dental hospitals in London that there was a need for another, but by inundating them with patients who came to Guy's, they were convinced, as was Dr. Cooper Perry the Dean of the Medical School at that time.

The School was opened in 1889 with six students and obtained the recognition of the Royal College of Surgeons of England at the end of that year. Within a year the accommodation became overcrowded and in 1892 additional premises were built. These were repeatedly enlarged and in 1975 Guy's Tower was opened, providing modern facilities for all the Dental Departments of the Hospital and School.

The Hospital and the Medical and Dental Schools together occupy an area of more than 17 acres.

Background to the merger

In 1979, the University of London asked Lord Flowers to chair a working party on the future of Medical and Dental Education in the light of impending cuts in the University funding. There were at that time 32 separate institutions in London providing medical or dental education either at undergraduate or postgraduate level.

The Flowers Working party published its findings in 1980. As far as the schools south of the river were concerned, one recommendation was that Guy's, Kings's and St. Thomas's should amalgamate with the suggested title of the Lister School; this was to include the two dental schools which could not possibly have integrated into a single clinical unit.

After many discussions and deliberations at the University, one of the outcomes was the union betwen Guy's Medical and Dental Schools and St. Thomas's Medical School. This merger was successfully concluded in August 1982 with a joint administrative arrangement, but with the schools operating on separate campuses.

Following this, the University set up a similar Working Party to examine the cost of dental education in London. This Working Party reported to the Joint Medical Advisory Committee, eight possible options which included the closure of one or part of the five Dental Schools.

The Deans of the Dental Schools then asked that they be given the opportunity to examine the problem in depth, with a six month time limit within which to make alternative recommendations based on the need to save approximately 10% of the cost of dental education in London.

The Royal was in a most vulnerable position being the only Clinical Dental School in London not to have been rebuilt. Plans had been considered for many years with a view to rebuilding at Tooting on the St. George's campus. The Pre-clinical school had already been built and had been occupied for seven years.

At that time it did not seem feasible for the Health Authority or the University to find funds to rebuild the Royal Dental Hospital and its clinical school and therefore one of the principal recommendations made by the Dental Deans was that the Royal might examine the prospects of merging with "King's", "The London" or "Guy's". After discussions between the officers of the Royal and those of the individual Schools concerned, the Academic Board of the Royal expressed a preference for a merger with Guy's and asked that the feasibility of this be explored.

The Working Party of the Dental Deans started by agreeing to the principle that dental education should be grouped into two consortia, one south of the river and one north of the river. The one north of the river should bring close co-operation between the University College Hospital Dental School, the Institute of Dental Surgery – Eastman Dental Hospital and The London Hospital Dental College while the south London consortium should involve close links between Guy's, King's and the Royal.

At the last minute just before the Dental Deans had reached unanimous agreement, the South West Thames Regional Health Authority stated that

they could find the money to build a modified version of the original plans for the Royal Dental Hospital and School at Tooting provided that the University Grants Committee and the Department of Health and Social Security agreed.

Naturally, the Governing Body of the Royal asked their Dean to explore this possibility and a very intensive campaign was mounted to pursue the matter. The Dean of the "Royal" had therefore to produce a Minority Report. The two reports were passed to the University and were then circulated for consultation to all interested parties.

Having gathered the results of the consultation the Joint Medical Advisory Committee at its meeting in June 1982 strongly supported the Majority Report and the matter was then referred to the Joint Planning Committee, then to the Court and finally to the Senate.

The Royal Dental Hospital and School was naturally deeply saddened by this turn of events, but their Academic Board and their Council of Governors bowed to the inevitable and the officers of the two Schools began discussions with the University officers.

It was the author's task to discuss this matter with the staff at Guy's and after a sub-committee had studied the Deans Report, the following resolution was passed at a meeting of the Dental Council in April 1983:

> *"After full discussion, while regretting the loss of a famous, independent dental school, the Council agreed unanimously that, if the Royal Dental School sought amalgamation with Guy's this request should be accepted with enthusiasm."*

The very short time from the date of Senate approval to the present day has been an extremely active one. There were a number of problems to overcome:

Integration of Staff

The "Royal" pre-clinical school has now closed and teachers from the school at Tooting have moved to Guy's and to King's College. Fortunately the poor staff/student ratio in the clinical dental school at Guy's meant that it was to be possible to absorb all the teachers who wished to come to Guy's and still not exceed the staffing levels accepted by the University. During the past year there has been a steady interchange of teaching staff in all departments so that they can become familiar with each others' teaching methods. The author will be completing his term of office as Dean of Dental Studies, but has retired from his clinical post as Professor of Orthodontics and Head of Department from 1st October and as seen below, Professor Houston has officially taken over this clinical post.

The heads of academic departments in the merged school will be as follows:

Clinical Dental Surgery	Mr. R. C. Bret Day
Conservative Dental Surgery	Professor A. H. R. Rowe
Dental Materials Science	Professor N. E. Waters
Oral Immunology & Microbiology	Professor T. Lehner
Oral & Maxillo Facial Surgery	Professor D. E. Poswillo

Oral Medicine & Pathology	Professor R. A. Cawson
Orthodontics & Children's Dentistry	Professor W. J. B. Houston
Periodontology & Preventive Dentistry	Professor M. N. Naylor
Prosthetic Dentistry	Professor D. J. Neill

In order to ensure the smooth running of the joint school on two campuses, Heads of the main clinical sub-departments have been appointed on the Royal campus until its closure.

Logistics of Transfer

It was important to have a period of adjustment because of some fundamental differences in the timetabling of the course. It was therefore agreed to operate on two sites for two years following the actual constitutional merger. This allows the students who had started their clinical course at the Royal to complete their clinical studies on that site. This particular merger is naturally quite a complex operation and differs fundamentally from that with St. Thomas's Medical School in that eventually the merged school will occupy one campus.

Most of the academic staff will be working on the Royal site with a gradual movement over to the Guy's site as the students at the Royal Dental Hospital site qualify and leave.

Accommodation

Minor building alterations are taking place at Guy's on each floor of the Dental School and Hospital building to provide for additional staff and students. The major development is the building of two floors above the Tower Lecture Theatre to provide another 325 sq. m. of space to be used for reading rooms, staff rooms and seminar rooms.

This has been a major undertaking and some of the building materials had to be flown in by helicopter. Other building works are taking place to increase the number of dental surgeries and laboratory accommodation.

With the closing of the Physics Department in the Medical School, following the cessation of the first year teaching, space is being adapted for the Department of Dental Materials Science.

Student Numbers

As stated in the introduction, the original intention was for the merged school to take 25 students from the Royal. This situation changed following the announcement that there might be a 10% cut in student numbers but 18 clinical students, who took their pre-clinical course at Tooting, have joined the school this year.

The University of London decided early in 1983 to anticipate this cut which has now been confirmed and 30 will be taken from the Royal allocation leaving the remaining 15 student places to be distributed between United Medical and Dental Schools and King's. Following a formal announcement from the U.G.C. the United Medical and Dental Schools will in future have approximately 88 clinical dental students per year in the new school after 1984.

Student Societies and Alumni

The Dental Society run by the students will continue at the Royal site, but these students will also become members of the Guy's Hospital Dental Society and students from the Guy's campus may also attend their functions. Students currently on the Royal site will also be members of the Guy's Clubs' Union and enjoy all the facilities. The excellent sports field which the Royal had at Stoke D'Abernon has been leased to St. George's Hospital Medical School for five years with the option to purchase. Naturally the Royal Old Staff and Students Association will continue for past students from the Royal and they will be offered facilities on the Guy's site when required.

Curriculum Review

The review of the curriculum will be one of the most important tasks which faces the merged school. The recommendations of the Nuffield Report, the Strategy Review Group's Report and the comments of the General Dental Council on their recent visitation will all have to be taken into account.

At present the two curricula and timetables are quite different and the idea is to select the best of each. It is very important to get the right mix of academic and practical aspects of the course.

Postgraduate Studies

It is hoped that the arrangements for postgraduate studies in the merged school will be greatly enhanced. Professor Houston has been appointed as Sub-Dean of postgraduate studies until 30th September 1988 in addition to his special responsibilities for the Royal campus. The M.Sc. courses currently held at the Royal will eventually come onto the Guy's campus and enable rationalisation of these courses in conjunction with King's and to make the most of expertise in specialist areas.

The merging of two schools on to a single campus is a landmark in dental education and could not have been contemplated a few years ago. It is a reflection of the limitation of resources and must be tinged with sadness. We must do our best to see that the spirit of the two schools is kept alive in every possible way. One example will be the transfer of the Stobie Memorial Library of the Royal to join with the F. S. Warner Library at Guy's to give a collection of outstanding depth and quality.

It is a matter for some regret that the Royal patronage which was given to the Royal Dental Hospital could not have been transferred to the title of the new school despite every effort by Dr. Houston.

Acknowledgments

The author wishes to take this opportunity of thanking Mr. Donald Bompas and Mr. Ernest Smith, Secretary of the Royal, for their tremendous hard work and co-operative effort which has made this whole merger run so smoothly. Mr. Bompas will be Secretary of the United Medical and Dental Schools and Mr. Smith the Deputy Secretary with a special responsibility for the Royal site.

Thanks are also due to all the administrative and clinical staff who have been so supportive in this complex venture.

A special tribute must be paid to Professor W. J. B. Houston who, during his period of office as Dean of the "Royal", has had the unenviable task of leading his school through a very difficult time. The author has worked closely with him over the last two years and is delighted that, among his other duties, he will be taking over as Head of the Orthodontic department of the United Medical and Dental Schools.

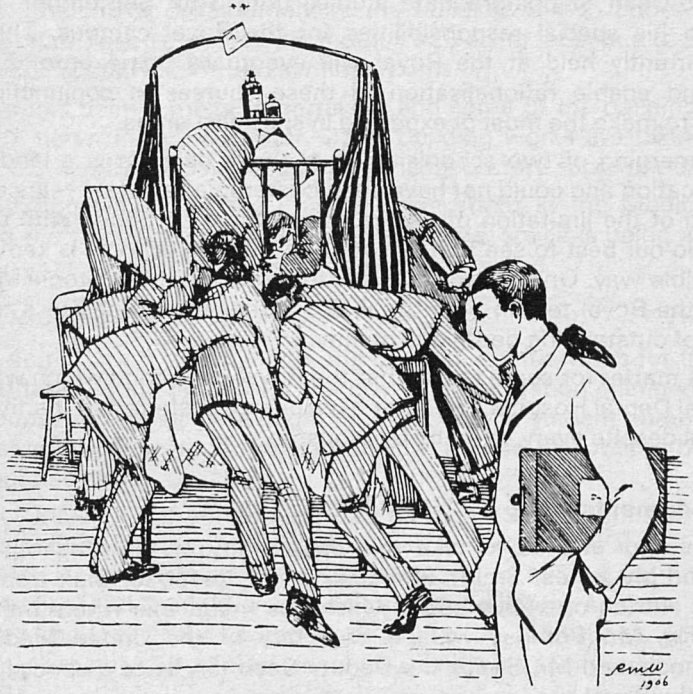
Caption Competition Replies

It is our pleasure to present a selection of the more acceptable captions suggested for the cartoon reproduced below from the September *Gazette.*

Dr. Neville Southwell submits: *"It was YOU who put me on spinach!"* Whereas our long standing correspondent Mr. V. D. Shankar proposes: *"Is it transilluminable, Sir?"*

Finally, Mr. Bill Dobson suggested: *"Mind you don't fall in!!"*

We would like to thank all those who submitted alternative captions, which ranged from the extraordinary to the unmentionable.



Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

The Dental Society meetings have continued to be well attended. On Monday, 5th December, 1983, Professor W. J. Tulley, the Dean of Dental Studies, gave an entertaining talk entitled "Moving Mountains". Much speculation had preceded the meeting as to whether Professor Tulley was going to speak about orthodontics or about his work as Dean. He, in fact, spoke about his years as Dean, with particular emphasis on the merger with the Royal. A cheese and wine reception followed the meeting, which was sponsored by Colgate Palmolive.

The student elective report took place on Monday, 9th January. Farah Padhani and Eva Norland, who received the Clinical Day and Alfred Rycroft awards respectively, gave an entertaining description of their elective to the Dental School of Chicago. John Willis spoke about his expedition to Spitsbergan with an amateur scientific research team. During the expedition, he carried out an experiment to see if there was any significant increase in salivary production when eating soft reconstituted food. His results did not support this theory.

Mr. R. Parkhouse, an orthodontic consultant, gave a well received talk on Monday, 23rd January, entitled "All in a day's work". The subject turned out to be not only on orthodontics, but motorcycles as well, Mr. Parkhouse being a keen motorcycling enthusiast. The meeting was followed by a cheese and wine reception, sponsored by Kavo and Bayer.

To bring us up to date with our meetings, Mr. N. Capp, a former Guy's graduate, gave an interesting talk entitled "Occlusal considerations in restorative dentistry", on Monday, 6th February. Mr. Capp brought a collection of excellent slides showing much of the work he had carried out in Michigan, where he did his Master of Surgery degree. The meeting was enjoyed by all, and was followed by a cheese and wine reception, sponsored by Dentsply and Ash.

A Dental Staff Science Club has been formed, with the main objective of enabling staff to become acquainted with the research being performed by their colleagues. These are held informally over coffee, two or three times a term. So far we have had interesting talks from Dr. B. J. Roberts on an "Artificial saliva", Mr. G. Butcher on "Holography", Mr. J. Radford on "Developing dental plaque in the monkey", Mr. A. D. Robinson on "Enamel erosion" and at the last meeting on February 16th, from Dr. D. Brown on "Mercury hazards" and Mr. P. Longhurst on "Childhood gingivitis". These talks have been extremely well attended and clearly fill an important need in the school.

The Alfred Rycroft Memorial Scholarships for electives have been awarded to Miss M. Costello, Miss B. Doubleday, Mr. J. Dickson and Miss G. Jean. These awards enable students to visit and experience dental schools in many parts of the world. We look forward to their reports in due course.

The Annual Dental Prizegiving ceremony will be held on Thursday, 22nd March in the Tower Lecture theatre. The Dean of U.M.D.S., Dr. J. C. Houston has agreed to present the prizes.

Finally, the Annual Dental Dinner and Ball took place on Saturday, 11th February. In the past the Ball has taken place on Clinical Day, but this year it was decided to hold the Dental Dinner on Clinical Day, with the Ball at an earlier date.

The venue was the Grosvenor House, and with numbers around 660, congratulations have to be given to Bridget Doubleday and John Willis, the Ball secretaries, and Will Hanks, the tombola secretary, for their efforts in making this year's Ball such a great success.

Pupils' Physical Society

The Way Ahead?

At the commencement of the new academic year, the committee of the Pupils' Physical Society gathered under the auspices of Dr. Hicks. This momentous meeting discussed the recent decline in interest in the activities of the society and decided to change the format of the meetings in an effort to make them more attractive to the average medical student.

Traditionally the society has given students the opportunity to present papers and cases to staff and students at monthly meetings. However, in recent years attendance at society meetings has plummeted and especially so since the advent of the Staff Round. It was therefore decided to increase the number of meetings featuring guest speakers, hopefully to discuss medical subjects of interest and controversy which are not covered by the present curriculum.

While a definite agenda for 1983–4 was not produced, it was hoped that three of four meetings featuring guest speakers might be staged, with a further meeting to enable students to present their experiences obtained while abroad on elective periods. It was also hoped to invite St. Thomas's Hospital Physical Society to one of these meetings.

The first of the meetings featuring a guest speaker was held on Tuesday, 29th November 1983 in front of a very good audience of around sixty students and staff.

Pain Control – could you do more to help your patients?

The inaugural meeting of the Pupils' Physical Society for this academic year featured guest speakers from the Guy's Hospital Pain Relief Team and was chaired by Ms. R. Ayling.

Dr. Wedley (Consultant Anaesthetist), spoke first about the clinical physiology of pain appreciation. He introduced the hour's entertainment by disclosing the fallacy of the time immemorial patient plea: *"It's not all in my head, doctor."*

Dr. Wedley's point was that pain is a subjective phenomenon which is the result of various complex inputs at the cerebral level. Just how complex, Dr. Wedley went on to illustrate by outlining the various feedback mechanisms which are now understood to modify afferent pain inputs.

This very stimulating introduction was possibly a little high-powered considering that nurses and physiotherapists made up half of the audience; nevertheless it put the clinical problem of pain control in perspective.

Dr. Harper spoke next and reaffirmed the case for dealing with the primary problem as a method of pain relief. Dr. Harper illustrated this astutely by discussing symptomatic palliation by use of chemotherapy and radiotherapy in patients suffering from the incurable oat cell carcinoma of the bronchus.

Mrs. Meredith was the final speaker and, from a medical students' point of view, the most valuable. As sister attached to the pain relief team, she deals with both in-patients and patients in the community. She illustrated three cases of pain relief which were at first mismanaged before easily made mistakes were corrected. In the first Mrs. Meredith described how a patient was given pethidine post-operatively, but the drug was not administered frequently enough, and the patient suffered pain between doses. The patient became angry and restless and a difficult ward problem was eventually diffused by a continuous infusion of buprenorphine.

The second case illustrated that of a stoical old lady who refused to admit anything other than some discomfort while suffering from an invasive neoplasm. However administration of a small dose of oral opiate greatly palliated her pain and made her last few weeks more bearable.

The third case was that of an amputee who suffered stabbing pains in his stump. Analgesic control was inadequate and a chemical sympathectomy only brought relief for three weeks. At this point the patient was given his "magical box"; known to professionals as a "trans-cutaneous electrical nerve stimulator". This provided excellent symptomatic relief in an otherwise refractory case.

Dr. Wedley then returned to summarise the main points of the speakers' message:

(i) The pain should be treated in the context of the patient; whenever possible the primary cause of the pain should be removed.

(ii) Communication is important: nurses are the most important people in assessing pain since patients do not like complaining to doctors. In case of chronic pain in the community, physiotherapists, occupational therapists, and social workers may play a vital rôle in communicating with the doctor.

(iii) The psycho-social background of the patient should be borne in mind in case a psychiatric problem is being missed.

Regarding methods of pain relief, Dr. Wedley reinforced the point that no simple answer exists. He then summarised available techniques and points to remember about each one:

(a) Drugs: These should never be given in p.r.n. doses, but should be given at adequate regular intervals bearing in mind drug half-lives.

Combinations of drugs should be avoided due to partial antagonistic activities, inflammatory drugs are as effective as more potent analgesics, e.g. in gross facial surgery.

(b) Trans-cutaneous nerve stimulation: While the technique is widely recognised as being effective in many forms of pain, even post-operative pain, Dr. Wedley drew attention to two disadvantages of this technique.

Firstly, the fact that patients get addicted to their "magic box" and cannot cope without it; secondly the cost of each machine, this being around £50. *These disadvantages prevented it from becoming a major routine* method of pain control.

(c) Neuro Surgery: Dr. Wedley indicated that neurosurgery has a very limited rôle to play, but may play a part in controlling pain which is refractory to other methods of pain relief. Four methods were outlined:

(i) Pituitary ablation by alcohol
(ii) Sympathectomies, chemical and surgical
(iii) Nerve root ablation, surgical and by cryoprobes
(iv) Spinothalamic tract block.

The rationale for all except the first of these methods had been outlined previously by Dr. Wedley. He illustrated some of these with beautiful photographs, but stressed the limited application of the techniques.

An animated discussion followed, largely centred upon the under-use of transcutaneous nerve stimulation (T.N.S.). In answer to a question, Dr. Wedley indicated that certain of Her Majesty's Hospitals used T.N.S. on a regular basis pre- and then post-operatively. This is apparently an excellent analgesic even for abdominal surgery. The decreased incidence of paralytic items post-operatively was attributed directly to the bowel stimulatory action of T.N.S. The relative expense of T.N.S. when compared with standard analgesic therapy was questioned by several members of the audience because T.N.S. is very cheap once the initial outlay has been made.

The meeting was closed by Ms. Ayling who stated that pain control was far from perfect, based on her own recent surgical experience. She thanked the speakers, and an interested audience departed having gained a great deal from a very stimulating hour.

* * *

The next meeting of the Society will be on the subject of Medical Student Electives and will be held in late February. In March it is hoped to hold a meeting on "Alternative Medicine", probably concerning acupuncture.

Wiktor Zbrzeżniak

The 1983 (Dental) Final Year Revue

On Friday, 16th December 1983, the students and staff of the Dental School were entertained for $1\frac{1}{2}$ hours by this year's final year revue entitled "Not the Royal . . . Variety Performance".

The first sketch was entitled "Demonstrator in a bad mood" – a situation which many may have experienced all too often! Rick Harty gave an impressive performance and the sketch included such gems as . . .

1) Demonstrator: "Have you taken the young lady's medical history?"
   Student: "Yes."
   Demonstrator: "Well give it back to her then."
2) When the demonstrator saw the student's potential exposure time for a young lady's bitewing radiograph he exclaimed and I quote "if you use that exposure time she'll walk out of here with her ovaries glowing like two lighthouses!!"

However, the best line in the sketch (and many think in the entire revue) occurred when the student asked the demonstrator to look at the lining of a restoration. The demonstrator said nothing but merely looked skyward. When the student asked why, the demonstrator replied – "I'm looking for the seagull that crapped in this cavity".

The next sketch was entitled "The Kryptless Factor" and starred Bob Scott, Robyn Hughes, Ian Needleman and Parminder Buttoo. Bob Scott carried off his impersonation of Mr. Ursell excellently, mainly due to his ability to purse his lips and say "MMMMM . . .".

Incidentally, readers may be interested to know that Mr. Ursell actually lent Bob his own real, live spectacles before the performance and then, obviously overawed by visions of what was to come, failed to attend.

Next Rick was back giving a camped up version of David Brown's introductory talk to new students, which had some very good lines in it. For example in the talk Dr. Brown explained that coffee would be served by the immunologists from Floor 28 (they didn't have any milk and were using "complement" instead!) and that oranges would be served by the orthodontists (but only take one buccal segment each please).

"All's Well That Ends Well" was the next sketch – "A Shakespearian dental tragedy," which was played with much gusto by Chris Dickenson and Paul Häggqvist. The sketch revolved around the patient (Macbeth), who in his own words suffered from "Raging demons that come to mine jowls in the night". The endodontia was duly completed (surely Rick should have been in this one, with all *his* family connections!!) and the post operative instructions given to the patient got a lot of laughs – "After seven moons hath passed, they may experience a fullness of thine jowls and gross distortions of thine face and features – if so then returneth and I will charge thee double the price to remove thine ivory!!"

Following this sketch the delightful Janette Keska, Caroline Osborne-Smith and Margaret White performed a rip-off of the *Imagination* hit "Body Talk" – now aptly renamed "Bloggy Talk" (did the fact that they were female go unnoticed?). The lyrics transferred superbly and I can still hear that soft, tinkling piano introduction . . .

It was then time for the P.T.U. department to have their heads put on the chopping block. David McGuckin was excellent, and familiar comments such as "Hello Mr. Onion Bhaji" and "which is the naughty toothee?" were heard to be uttered. Even more amusing was the fact that the gentleman at whom the comments were directed seemed to be more amused than anyone else in the audience!!

Next best (in my personal view) was the sharpest (most cutting) sketch of the show entitled "The video shop sketch". The selection of videos available was wonderful and the best are listed below.

1. The Dam Busters (starring Dr. Kidd and Dr. Roberts)
2. I Spit on Your Grave (starring Clive Waterman)
3. Driller Killer (starring Mr. Wookey and Mr. Ayling)
4. Blood Lust (starring Mr. Shaw)
5. Who Dares Wins (starring Mr. Haskell)
6. Beyond the Fringe (starring Dr. Pitt Ford)
7. The Godfather (starring Professor Cawson)

"Is there anybody there?" *Dave McGuchin plays Mr. Wookey*

Perhaps the best video was the French Lieutenant's "Women". The young student tried to correct the shop assistant and said that she thought it was the French Lieutenant's "Woman". "No" the assistant replied "This is the Robin Bret Day version"!! References to Mr. Cabot's videos sent him rushing to the chemist shop to stock up on "Topex" and steroid creams.

"Dental Monopoly" slowed down the pace of things a bit, but the sketch showed through in the end, when Judith Evans, on picking up a "chance" card was seen to gleefully develop a wide grin. This was due to the fact that she had obtained a "get out of Bailey Dem. early" card – and promptly rushed off to use it!!

Next was "The toothbrush sketch" in which a rep. tried to sell particular brands of toothbrushes, all of which had certain characteristics resembling members of staff. One of the most memorable was the "Wisdom Wilton" which only came in red, had bristles positioned to the left and came with a free book (either "how to insult students and members of staff alike" or "technician to consultant the hard way – my own story").

"The Hospital for Nervous Diseases" sketch followed and was deemed to be a great success. It was hosted by Mr. Bret Day and a number of well known characters were sent to Madame La Guillotine. Richard Norris ruined his chances of becoming a first sealord after his interpretation of Prof. Naylor (he has denied rumours that Marks and Spencer sponsored his socks which he constantly pulled up). David McGuchin (as the photograph demonstrates)

bore an almost uncanny resemblance to Mr. Wookey (by the way where did he get that horrendous tie?) and I'm sure that certain references to Mr. Howell sent him *stiff* with rage! Finally in this sketch we had the inevitable parody of Dr. Ashley, "so-ing" and "no-ing" all over the place, pouting his lower lip and chasing schoolchildren down Croydon High Street with periodontal probe in hand.

The finale was a clever adaptation of "Another Brick in the Wall" which voiced satirical opinion to most of the major departments.

We don't need no fluoridation
We don't need no plaque control
No dark disclosing on the clinic
Ashley leave those kids alone
Hey! Ashley! Leave those kids alone
All in all
It's just another probe in the gum

We don't need no paedodontics
We don't need our pulps ripped out
No sharp injections in our bottoms
Eileen leave our teeth alone
Hey! Eileen! Leave our teeth alone
All in all
It's just another drill in the tooth

We don't need no conservation
We don't need no MOD's
No big exposures on the clinic
Prof Rowe leave our teeth alone
Hey! Jack! Leave our points alone
All in all
It's just another pin in the pulp

We don't need no restorations
We don't need our points signed off
No secret sign-ups in the meetings
Tulley leave us well alone

'Cause all in all
We're just a B.D.S. in the Book!

Between sketches continuity was assured by the clever narrative and witty comments from Kyle Jacques, Chris King and Philippa Risely-Pritchard. The revue was written, directed and produced by Rick, lighting and sound being carried out by Ian MacLean. After the revue, the staff and guests were invited to a superb buffet supper (well done ladies), followed by a disco. This proved very successful indeed, although Nigel (I got a flan in the face) Poole may say otherwise. The celebrations went on into the early hours of Saturday and the hangovers well into the following week!

In conclusion then, another resounding success for Rick Harty (wasted as a dentist) and I would like to say that I hope all the staff concerned accepted the revue with the same good taste in which it was written! The final year must indeed be congratulated on providing us with a very entertaining evening – no easy task considering the time limitations they had to endure.

Dr. I. D. Block

NOT THE ROYAL VARIETY SHOW:

Rick Harty, who wrote and produced this year's hilarious performance certainly did extremely well.

The brave staff who gather each year for a ragging enjoyed themselves on stage and the comments and take-offs were not too cruel – although students are always very sharp and never miss anyone's idiosyncracies or failings, much to the delight of the younger element of the audience.

In Rick we had another Rowan Atkinson with an india rubber face holding the performance together with his "Tea in the Spit" sketch.

Another memorable act was the routine Bloggy Talk – 3 lovely dancing damsels as golf proettes dancing and singing very expertly to "Body Talk" by *Imagination* which thoroughly deserved the enthusiastic applause.

The Shakespeare "extraction" of All's Well That Ends Well deserves mention and there was a lot of laughter with Dental Monopoly.

All eleven sketches were very varied and one always wonders how such good shows can be put together in such a short time.

Thank you for a great evening and the splendid party that followed.

J. D. H.

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Snow White and the Seven Dwarfs

Reviewed by Marcia Hall

"November, December – ah those first rehearsals. Rushing home to Mother, learning lines by heart –

'Enter left through window, dots to mark the cue lines, exit with the others' – still it was a part!"

Perhaps not quite as complicated as the above was the extremely popular production of Snow White and the Seven Dwarfs performed by the Paediatrics Firm on 22nd December, 1983. Children, parents and staff all piled into the gym in the Tower for the matinée. Were we sitting comfortably? And so they began.

The Seven Dwarfs Have Supper

The Wicked Queen Reveals Her Nose

Witch Hex, admirably played by Helene de Peloux Menagé drew superb pantomime boos and hisses from the crowd. The Seven Dwarfs trundled about in their slippers and even gave us a burst of song. Snow White, prettily played by Marion Steiner, just escaped a fit of the giggles as she was prodded by her "little" friends. The ultimate hilarity for audience and cast alike was the unveiling of the wicked step-mother's hideous nose. Contrary to the usual finale, Juliet Goff, with the ugliest nose in town, was shouted off stage, but fortunately reconciliation allowed her to take a well-earned bow.

The whole production was expertly directed and produced by David de Berker and enjoyed immensely by consultants, nurses, parents, other students and children alike.

The Library of the Guy's Hospital Physical Society, 1775–1825. Part 2

by Andrew Baster

In 1795 Babington resigned and Richard Stocker, the new apothecary, became librarian. In the 1783 *Laws* it was noted that the job of librarian should be offered first to the apothecary, perhaps because the apothecary was resident in the Hospital and could house the books, though it is not certain whether Babington did this. Stocker, however, moved the books 'to a convenient Room at his residence at Guy's Hospital where they are commodiously accommodated' and where they remained until 1807 when they were moved into a room prepared by Treasurer Harrison. Stocker informed the Society that 'in looking over [the books] he had discovered many deficiencies which however from not having checked his List by that of his Deputy he was unable to lay before the Society . . .' In consequence of this the Society appointed a subcommittee of three, among them Joseph Fox the dentist, to report on the library.

The report of March, 1796, is interesting for a number of reasons. It quotes from two catalogues, of 1792 and 1795, neither of which seems to have survived. The report also tells us that the then deputy librarian was a Mr. Cox. It is very likely that this Cox was from the family (perhaps even the head of the family, Thomas Cox) of medical booksellers and publishers that lived in St Thomas's Street c 1790–1840, and who were associated with Guy's and the Physical Society: one of Thomas Cox's sons was the Society's librarian 1812–15. The family consisted of, first, Thomas Cox, who from an engraver 'had risen,' says Churchill,' to be a bookseller'. (In his will Thomas Cox calls himself a 'Bookseller and Engraver'). The first book I have found published by him (with two others) is, appropriately enough, John Thelwall's *Essay towards a definition of animal vitality* (1793); Thelwall first read the essay at a meeting of the Physical Society on January 26, 1793 and it was discussed for the unusual period of five nights during February and March. Thomas Cox died in 1806 and his widow Elizabeth took over the business c1807–40, from 1815–23 with at least one of their sons when the firm became 'Cox & Son'. There were five sons, says Churchill, one of whom,

William, was apprenticed to Astley Cooper but who died young. Another, Thomas, is in Munk's *Roll* and was a member of the Society. In his will (in the Public Record Office; proved 26.6.1806) Thomas Cox asked 'that my Sons Benjamin and Daniel will continue with my said dear Wife & USE THEIR BEST Endeavors and Assistance in the said Trade'. Both these sons became freemen of the Stationers' Company, Benjamin through apprenticeship. It must be Benjamin who is the Society's librarian 1812–15 (it is his initial on the letter quoted later on), and who was therefore the deputy librarian for an indefinite period before that; he is probably also the 'Son' of 'Cox & Son'. The firm was at different addresses in St Thomas's Street for the whole of this period except for a brief time, perhaps 1815–24, when they may have had a shop on the High Street (see Ian Maxted, *The London book trades* 1775–1800).

Thomas Cox published the *Laws, List and Catalogue* of 1803/4; he may also have published the 1795 *Catalogue* if a copy be found. Elizabeth Cox published the *Laws etc* of 1807. 'Cox et filius' published the Latin Guy's *Pharmacopoeia* of 1818. Alone or in conjunction with other firms they published books by William Babington, James Blundell, Astley Cooper, James Curry, Joseph Fox, Richard Stocker, Robert Thornton, Charles Turner Thackray and others. Thomas Cox published Astley Cooper's *Hernia* (the first part; Elizabeth Cox and Longman published the second) by which, says Wilkes – presumably referring to both parts – Cooper lost both parts – a thousand pounds (from the plates) an interesting comment on the publishing arrangement. The firm also, particularly later on, published a number of compendiums or digests in a small size useful for students, for example the abridgement of Cooper's and Green's lectures by Thomas Castle. It was obviously useful to the firm that a member of their family should be involved with the Society, because of contacts with authors, and also the firm probably supplied books to the Physical Society, at least at one period. There exists an account with the firm from January to October 1819 which shows that Cox and Son was doing odd printing jobs for the Society (tickets for the anniversary dinner, balloting lists, diplomas); they were also supplying pens, paper and ink, books for dissertations, acting as agents for various periodicals, and binding them; the whole at a discount of ten per cent. Unfortunately the only books that are mentioned are subtracted from the total: perhaps ones that were no longer wanted, or had been rejected (though they are not mentioned in the minutes). Finally a guinea each was charged for two extraordinary meetings of the committee which included tea and a room. In 1801 it is mentioned that the committee will meet "at the Deputy Librarians" and a sum of money was set apart for this purpose. It appears that at least early on (c 1800–1810) Cox had a medical library at his shop (mentioned in the imprint of Fox's *Natural history of the human teeth,* 1803, and also Cullen's *Nosology,* E. Cox, 1808). This is alluded to in John Churchill's *Memoirs,* given briefly in his obituary in the *Medical Times and Gazette* of August 14, 1875, where he also describes how the medical bookshop of the time became a sort of meeting place for members of the profession, before the large Society libraries had grown up. Churchill was apprenticed to Mr. (presumably Benjamin) Cox 1816–23, and went on to become one of the

most, if not the most important specialist medical publishers in the second half of the century. Writing in his history of Guy's, Wilks speaks of the shop as Churchill's shop, an understandable mistake.

In March, 1797, it was proposed that trustees should be appointed "for the more effectual Security of the Society's Library". In the same month the secretary proposed that a subcommittee should look into the question of whether the weekly subscriptions could be reduced. The secretary at this time was George Johnson, an examiner at Apothecaries' Hall, mentioned in John Flint South's *Memoirs.* George Johnson was secretary for thirty-five years, from 1790 to 1825, when the minutes break off again. As regards the first proposal, it was decided that the presidents should be trustees, and was suggested (though perhaps not adopted) that:

> 'Should the Society at any future time, from the thinness of their Meetings, not be competent to the purpose of electing their usual officers, the last chosen Prests shall keep the Library under their care as Trustees for the benefit of Members at large & as soon as possible after such incompetency of the Society shall have happened, they shall summon all the Members resident in Town to consider with them of the best mode of conducting & preserving the Library in future, also if possible to renew the Meetings of the Society.'

The presidents remained trustees of the Library until 1812. As regards the second question, the sub-committee were against lowering the subscription. They argued that:

> 'It does not seem reasonable to your committee that at a period when the Library contains such various valuable information that the payment of a sum individually so trifling should ever be objected to, for they represent to the Society that the 6d per week has been regularly paid from the earliest establishment & consequently at a time when the advantage to be derived from having recourse to the Books could be comparatively but small . . .'

The committee reckoned that the necessary expenses for the Society were: the librarian's and secretary's 'compliments' (10 guineas each at this time; later raised to 15); the two prize dissertations (10 guineas: though the prizes do not always seem to have been awarded) and 20 guineas for necessary expenses (including 'the purchase of the three reviews') i.e. lighting etc. In fact the average income of the Society after 1783 seems always to have been over £60, rarely under £90, and often over £100. In this case, in March, there was a balance of about £40 to hand, and the secretary expected about £20 more by the end of the session, which left, it was concluded, £20 for books (some of the expenses had probably been paid); and they then proposed 22 books. We also learn from this report that the deputy librarian – and this is a further argument for his being the bookseller – valued the library at £300.

In 1803/4 a *Laws, List and Catalogue* was printed by Thomas Cox which survives (*Laws* dated 1803, *List and Catalogue* 1804; copy in the Liverpool Medical Institution). This catalogue was a great improvement on the only previous one I have seen, that of 1786. The earlier catalogue only

gave a very brief descriptive title, no date or place of publication. In the 1804 catalogue the date is given and occasionally the place, the title is closer to that of the book, and the catalogue is no longer divided into sizes, so that there is only one alphabet. The deposit necessary to take the book out is shown (which probably bears some relation to the price paid for it). In this catalogue the library is shown to have 723 titles. Perhaps the 1792 or 1795 catalogues were also improvements, but it is likely that some of the credit for the 1804 one must go to James Curry, who was assistant physician, and then physician to Guy's 1802–1819. He was a friend of Babington's, lived in his house for several years, and lectured with him on the practice of medicine. He began attending the Society in 1798, and presented his *Observations on apparent death* (1792) to the Society in December (it is still in the library, as well as a copy of the second edition, published by Elizabeth Cox in 1815). He was elected one of the Society's presidents in 1800. At the end of 1801 the committee, correcting a faulty catalogue, mentions with gratitude Dr. Curry's assistance, and several years later, when the committee had about £25 to spend on books, it was decided to ask Dr. Curry's advice 'whose extensive reading wou'd enable the comee to select such [books] as were most proper to be added to the Society's Library.' Wilks in his history noticed Curry's 'almost monomaniacal tendency to visit auctions. Although penurious in some respects, he would purchase at these places quantities of books which he would never unpack, electrical apparatus, microscopes, globes, folios of prints etc . . .' After Curry's death in 1819 his books were sold by Sotheby's over ten days in March and April 1820 in 3065 lots, and fetched almost £2,000. There is a marked catalogue of the sale in the British Library which shows that among the buyers were Dr. Bright and a member of the Cox family. The Physical Society had proposed setting aside £30 to buy books in the sale for their own library, but a report in May, 1820 stated that 'for reasons which have been explained to the Society we have been disappointed.' The reasons are not in the minutes, but it is likely that the Society couldn't afford it. Dr. Curry resigned as a president in 1811, having taken offence at some remark which is not recorded in the minutes.

In 1807 the library was moved into a room appointed by Treasurer Harrison: a sub-committee reported that 'the accommodations were more than sufficient to contain the Society's Books.' The committee sat over the summer to prepare a new catalogue and have it printed by the beginning of the new session. The 1807 *Laws, List and Catalogue* (which was printed by Elizabeth Cox) as might be expected seems to be mainly a reprint of the 1804 edition, except for additions to each section (copy in the National Library of Medicine, USA). The library now contained 779 titles. An interesting novelty is that daggers have been placed next to those books given to the library by their authors. (The third edition of Jenner's *Inquiry* is so marked, since after he had attended several of the Society's meetings in 1802 he gave a copy to the library 'bound in Russia'. This copy is no longer in the library though the Society had their own which they had bought earlier, and which is still there, without the plates.)

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Bore Shock Horror!
I am glad to hear that some people missed my little column last month. I would like to assure both my readers that – contrary to popular rumour – I was neither in an alcoholic haze, nor was I displaced by more interesting material. (If people think that stuff was more interesting, I shall retire now!). I merely missed the copy date which seems to be further and further from the day of publication... *(Lies, damned lies, Ed.)*

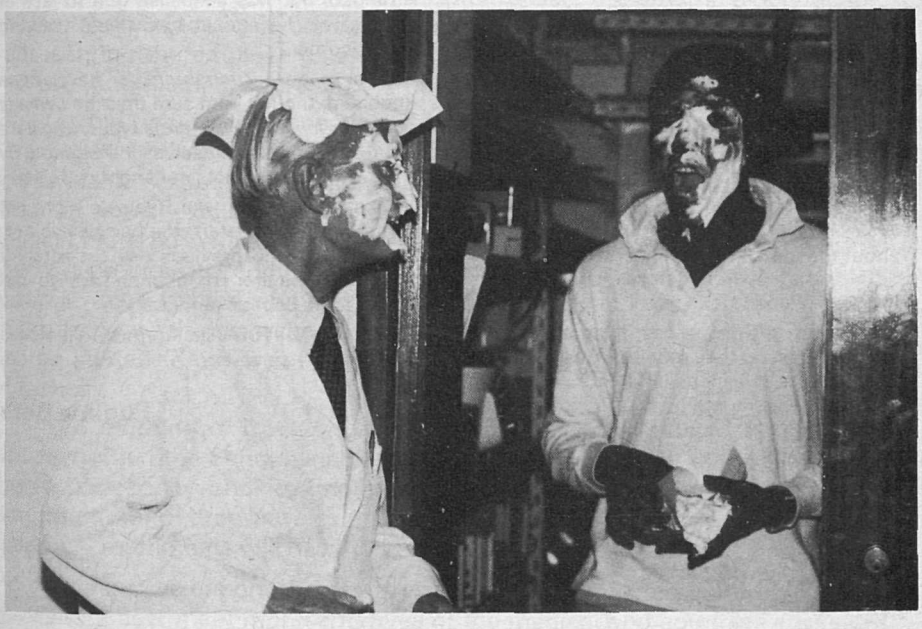
Just noticed District Circular 21/83, saying that specimens have been sent to some hospital laboratories *other than in the approved fashion.* The mind boggles! Its colleague 23/83 requests that people remember a move that was undertaken two years beforehand! It's enough to make Mad Max III!

I understand that this is the Year of the Rat! *Vivat rattus comatosus.*

Rumours that Stewart Cameron's foreign travels were interrupted by urgent consultations about the late Yuri are, he assures me, completely untrue.

Well done, *Wag Week,* for raising some £4,000 for charity (or the *Friends of Guy's Hospital*). Perhaps this will be used for revitalising Newpin??

It also provided certain light entertainment: who would willingly have missed seeing Murray Brookes receiving a Kissogram – which he apparently enjoyed – or some of the 'hits.' For some reason, the Physiologists proved particularly popular. Some £96 was raised for the hit on D. B-M, and the Professor – fresh from his TV reappearance on Dr. Who – not only got a custard pie, but a kissogram as well!



Quote of the month from a balding senior registrar, overheard on Martha. F.R.C.S. to black patient, with an appendix abscess, who did not want to have an operation – preferring to trust in God. *"Sometimes we surgeons find God needs a helping hand".* I always thought it was the other way around!

Treading on dangerous ground above? I understand that the *Wag Mag's* racialist jokes not only led to letters of complaint to the *Gazette* (who are *not* connected to the Mag in any way – *Ed.*) – which, after all, needs all the letters it can get at the moment. More seriously, it has even been referred to the Race Relations Board, which seems a trifle harsh for an enterprise which helped to raise so much money for charity. It even led the information in the local television news, with the Archdeacon of Southwark waxing wrath.

Talking of irreverent publications, I understand that certain elements of the student body – possibly the same as organised *Wag Mag* – are intending to relaunch a student rag. I suspect that it will dissolve more rapidly than *Tablet!* (If the Don allows it to start at all!).

Talking of dissolution, the last Clubs' Union Council is dead, long live the next – or is it stillborn? So great was the interest in the senior elections, that the closing date for votes had to be postponed three times!!! Just for a change, they were uncontested. This bodes ill for the Great Gonzo and his team, who will have an uphill struggle in the traditionally apathetic summer period.

Do I hear of a future trip to America, which may resemble Heidelberg?

Glad to hear that the 1984 Guy's South Wales Society Dinner went well – shame about the match result; I hear the heckling – despite the apparent temptations – lacked the usual vigour.

Why, if the new bar tills are called Formula One, do they require a push start?

All these questions and more may be answered next month . . .

Things might be said to have got a trifle out of hand on the Friday of *Wag Week* when the 'Hit Squad' of first year medics were due to get their come-uppance by the put-upon second years. Alas, the word got out and a pre-emptive strike by the juniors was launched in the Physiology Theatre. After a brief flurry (apparently ignored by Professor Brookes!) their differences were resolved and they attacked the dentists in the Anatomy Theatre. Shaving foam, eggs, flour and water, and spray string rather disrupted events, rather to the annoyance of the Don, who appeared and exited left, pursued by a custard pie – to paraphrase the Bard. The Clinical Round was surprised at its relocation in the cramped surroundings of the Physics Theatre! Alas, the total cleaning bill came to some £270, of which, I understand, only some £40 has been raised in a whip-around.

Gazette Shock Horror! Unbeknownst to most, the august journal only just escaped a court injunction the other month, following on to its mentions in the House of Commons last year. I understand that the Chairman of the Board has been much entertained! By the way, where is Part Two of the megaserial?

Who got neuropraxia whilst tied to the central column in the Bar? I understand that a collection to free him was going to be arranged, but was cancelled due to lack of interest . . . he should have been wearing that tricorne.

I hear the *Trichomonads* have been knobbled, though I am sure that the *Lancets* and *Spirochaetes* will endeavour to give a good account of themselves in Paignton. By the way, where is last year's report, Jules?

Just as well that the Real Ale night got off to such a slow start: the barrels had only been set up the previous day . . . surely it does not require so much notice to put down some floor coverings?

Is it true that SB uses Carmen rollers or is it Harmony hair spray?

Eugene Bore

Physiotherapy

At the beginning of April, the Physiotherapy School and Departments in the District in which the students gain their clinical experience, will be visited by representatives of the Chartered Society and the Physiotherapists Board of the CPSM. The Society is the educational and examining body and consequently needs to assure itself that the standards of teaching and of clinical practice are good enough for training, in its name, to go ahead and that the conditions in which they are carried out are satisfactory. The Board, on the other hand, maintains the state register and has a statutory requirement to satisfy itself that the course content is suitable, the students are of an adequate calibre, the staff are competent and the facilities are suitable and conducive to good standards of practice, such as to make those who are trained here suitable for registration.

Much in the same way that educational establishments are periodically scrutinised by H.M. Inspectors, physiotherapy schools are inspected and reported on. It is possible that if they are found deficient, they may be closed down altogether or have their student intake stopped or reduced until whatever perceived short-comings are corrected. Fortunately such sanctions are uncommon, though they are by no means unknown, and more usually a series of recommendations is made – and followed up, if necessary, by a further visit to make sure that they have been implemented.

Five "visitors" will be at Guy's and in the District for two days. Two of them are Principals of Schools, one hospital-based, the other in a polytechnic (representing educational concerns), two others are District Physiotherapists (representing the employers), and the fifth is a senior orthopaedic consultant (representing medical interests).

On the day, both the quality and the quantity of clinical experience will be sampled and all the physiotherapists concerned with this aspect of the course will be expected to meet and talk with the visitors. Undoubtedly, the effect of ward closures and reduced bed numbers on the availability of "clinical material" will be a subject for discussion, and we expect to be asked how we propose to compensate for this and continue to provide enough suitable, well-supervised alternatives for what is one of the largest physiotherapy schools in the country. The students and the teaching staff will also be invited to comment on the way the course is run and on its general ambience.

The morning of Day 2 is taken up with an inspection of the physical facilities within the School and with an extended discussion of the Principal's course philosophy and its implementation. Hard facts concerning student recruitment and drop-out, examination passes and failures, funding and budgetary restrictions will have to be considered in detail.

By then, well appraised of the strengths and weaknesses of the School, the visitors next meet representatives of the medical and administrative staff

to establish the position which they see the School occupying. Hopefully, there will not be too glaring a discrepancy between the way we see ourselves and the way we are seen, but if there is, it is as well that it is detected.

At length and at last, the visitors will draft their report and may take the opportunity to discuss its main points with Principal before fading away into the sunset. Whatever else, it is an occasion likely to make Robert Browning himself wish to be elsewhere!

Ronald J. Cooper.

Book Reviews

"Sexual Problems and their Management" by C. G. Fairburn, M. G. Dickerson & J. Greenwood. 1st edn. Pp. 112. Price £3.95. Published by Churchill Livingstone.

This is a clear, straightforward book which can be strongly recommended. It is the elementary counterpart of the companion *"Human Sexuality and its Problems"*, by John Bancroft, which is now a standard book which is essential for specialists and those with particular interests in the field. This smaller book describes normal sexual function and sexuality through the life cycle, as well as summarising the main varieties of sexual problems and their treatment. Lists of more specialised helping agencies are helpfully included. A very useful little book for the student and non-specialist practitioner, which will also be read with profit by non-doctors dealing with sexual problems.

J. P. WATSON,
Professor of Psychiatry

"Assessing the Elderly" by R. A. Kane and R. L. Kane. 1st edn. Pp. 301. Price: £13.50. Published by Lexington.

I suppose the nearest domestic analogy to the Kanes' book on Assessing the Elderly is a sandwich, but with one major difference, thin layers of meat are on each side of a large chunk of bread! The first and last chapters suggest why it is important to assess the elderly and recommend how it may be done. The central chapters (the "bread") give a detailed account of methods used to measure physical, mental and social abilities of people in institutions. Their aim is to arrive at an objective numerical rating to assess quality of care in Institutions. The authors do not underestimate the difficulty of their task and state "We offer no simple solutions to long-term care problems, but we do raise issues that should be considered in relation to the current concerns over assessment and case management". The importance of this when the National Health Service is starting experimental Nursing Homes is obvious. However, I think visiting by an humane inspectorate akin to the Health Advisory Service would be a better short-term solution. In the long-term I agree it is essential to measure what happens to old people in Institutions and constantly to review the relevance of the type of care provided.

The first and last chapters contain the new ideas that the book has to offer and would be the essential parts of the book to read to absorb its message. The central chapters are a good reference source for anyone wishing to know more about measurement systems used in this type of research.

The book is written in American English with amongst other things, nouns possessing many adjectives for "precision" which I find intensely irritating. It is well produced but expensive.

I think this book is useful for a library or to a community physician, but of very limited use to a clinician.

D. CORLESS
Consultant Physician

"Geriatrics for Everyday Practice". Edited by J. Andrews and H. P. von Hahn. Pp. 220. Price: £9.90. Published by S. Karger.

The editor of a book that comprises chapters written by several authors does not have an easy task. The quality of contributions may vary considerably, though effective editorial advice can do much to bring the standard towards that of the leaders.

Drs. Andrews and Hahn have done well in selecting contributors from North America and Europe to write sixteen chapters on a diverse range of diseases and problems afflicting the elderly. Their objective has been to pick those areas not covered well, or at all, in textbooks on the care of the elderly, still using the traditional, general, medical format. The chapters on anaemia, cerebrovascular insults, respiratory diseases and autonomic failure do not quite achieve this objective, even though their presentation is biased towards old age. Their objective is achieved by other chapters many of which are excellent summaries of clinical practice. One chapter, excellent in general, written by a non-medical expert, could benefit from better medical editing to avoid statements such as "Many elderly people themselves complain of lowered appetite because of increase of confusional state etc.' (Few of my confused patients make such a complaint!). "Experimental and clinical evidence suggests that the ability to metabolise and dispose of active drugs decreases progressively with age." There are too many exceptions to this sweeping statement, and it poses the question of what happens to inactive drugs.

Questionable statements occur in most chapters. Blood transfusion during an operation will restore blood volume, but is unlikely to restore exygen-carrying capacity for 36–48 hours, and may impair oxygenation of ischaemic tissues through impaired capillary flow. However, most of my comments would be nit-picking.

The overall impression is of a useful book which emphasises some of the particular problems of the elderly. The book will certainly cover many of the "gaps in knowledge concerning the care of the elderly in junior and senior medical staff". Hopefully those with a high proportion of elderly patients in their practice might be motivated to read this useful volume. Being a well informed optimist, I conclude that many of those who should read it won't and will remain ineducable about proper geriatric management of elderly patients.

R. R. LEWIS
Consultant Physician

"Essentials of Geriatric Medicine" by G. F. Adams. 2nd edn. Pp. 146. Price: £4.95. Published by Oxford Medical Publications.

This is a short text book covering practical aspects of Geriatric Medicine. It is inexpensive and easy to read, and provides a rapid means whereby medical students can familiarise themselves with both the presentation of disease in the elderly and its management. As a second edition it has been broadened by new well-written chapters on theories of ageing, retirement, domicilliary vsiting and skin diseases – although the latter chapter inevitably suffers from lack of illustration.

There are however some surprising omissions. Virtually no mention is made of depression. Drugs and stress incontinence are not considered as causes of urinary incontinence, and there is no comment on the frequent occurrence of electrolyte disturbance with use of diuretics. The therapeutic chapter would be improved with a change of emphasis. Advice on drug dosage is limited and there could be more comment on drugs which are still often prescribed for the elderly with an apparent ignorance of the relatively frequent side-effects in this age group. It would have been preferable, for example, to state that Tetracycline is best avoided in the elderly rather than to reiterate the well-documented fact that this drug forms an inabsorbable complex with iron tablets in the gastro-intestinal tract. It would also appear that the author still uses digitalis, which is of course no longer available.

In addition to the above criticisms, factual medical inaccuracies have unfortunately crept into the text, the English is occasionally unclear and spelling mistakes (e.g. Phenytoin, Sinamet, Levadopa, Altzeimer) become annoying.

I have therefore mixed feelings about the book. There is a good overall approach and layout, and it is certainly strengthened by the new chapters. However it is devalued by lack of attention to detail in other chapters and this rather lessens its appeal.

R. R. LEWIS
Consultant Physician

"Green Lane Saga" by Edward Roche and Anthony Roche. 1st edn. Pp. 229. Published by Ray Richards (NZ).

Dr. Edward Roche, in his day a considerable prize-man, qualified M.B., B.S. from Guy's in 1927 and proceeded to M.D. London in 1930. He then returned to New Zealand specialising in cardiology and pioneering electrocardiography and cardiac catheterisation in that country.

It was in 1944 that he became associated with the hospital that was to become Green Lane Hospital. It had started life in 1890 as the Costley Home "a refuge for the aged poor" and its transformation to the present hospital is fascinating reading with its recurrent crises. It was to relieve overcrowding in Auckland Hospital that staff and patients were transferred to Green Lane and here that Dr. Roche and Douglas Robb, later Sir Douglas, began an independent move towards cardiac surgery. At first there were difficulties to be overcome, but soon exciting developments, starting with the setting up of the cardio-surgical clinic in 1948, carry the reader through the whole history of this branch of surgery which depends on team work and the support of many complementary disciplines and in which Guy's graduates have been in the forefront.

Much original work was undertaken at Green Lane and, in his retirement, Dr. Roche found that he could usefully occupy his time in writing a history of the hospital and the work of the cardio-thoracic unit and he has been at pains to explain in simple language and many illustrations the scientific bases of cardiac investigation and surgery for the benefit of the general reader and this may well include the medical student.

Towards the end of his task of writing *"Green Lane Saga"* Dr. Roche's sight began to fail and early in 1983 he became blind. His son, Dr. Anthony Roche also a cardiologist at Green Lane, completed the work on the book which was published in New Zealand.

The writer is a friend of Edward Roche as our two wives were old friends and every time we came to Auckland we would visit them in the quiet suburb of Epsom. Edward and I would talk of Guy's, and although some years his junior we had a common bond as Dr. Parker Tupling who had been Edward's partner in several sailing odysseys, was clinical tutor in my dental school days.

Edward is the kindest and most modest of men and, learning that I was interested in his book, sent me a copy although it was not his intention that it should be distributed outside New Zealand and I was very happy to comply with his suggestion that this copy should find its way to the Wills Library.

A. GORDON TAYLOR

"Practical Dermatology" by I. B. Sneddon and R. E. Church. 4th edn. Pp. 244. Price: £8.00. Published by Arnold.

This relatively short volume (244 pages) is directed towards medical students and general practitioners, and concentrates on the diagnosis and management of common dermatological disorders. As "an adjunct to clinical teaching" the value of this book is undoubted, as is its popularity with students, attributable probably to the clear, concise and well illustrated text.

The absence of colour illustrations, presumably to avoid an increased price, is partially compensated for by the inclusion of 112 black and white photographs of high quality. In the fourth edition the authors have included some recent changes in treatment, and have expanded the chapters on industrial dermatoses and diagnosis and management of disorders of emotional origin.

Compared with other books of similar size and content, this one continues to be worthy of recommendation.

C. B. ARCHER
Lecturer in Dermatology

Notes on Medical Virology by Morag C. Timbury. 7th Edition. Pp. 155. Price £3.75. Cover: Soft. Published by Churchill Livingstone.

Notes on Medical Virology by M. C. Timbury are clear, up to date and in their own way excellent, but they are nothing more than notes. I think they will be useful to direct the student to select from larger texts, but quite inadequate on their own to take him/her through the exam. In my view, *Medical Microbiology* by Fenner & White, although now needing some revision is still the best book on viruses students can read and enjoy.

L. MALLUCCI,
Senior Lecturer,
Dept. of Microbiology

Correspondence

On Student Affairs

Dear Sir,

I am writing to you to express my agreement with the sentiment expressed in September's *Passim*, on the need for sabbatical officers for the Clubs' Union. Despite an increased study load, and increasing number of students – all of whom want entertainment and facilities provided – it is apparent that the situation of Clubs' Union officers has worsened. With two students losing their studentships, three resignations from Union posts and four delayed qualifications, it would appear that something is amiss.

I hope the problem is being examined by the School, to whom I look for a solution.

Yours sincerely,

R. H. LONG

Boland House,
Guy's Hospital.

Glad Tidings

Dear Sir,

A few lines to thank you very much for forwarding me my cheque for £200.

It was a big surprise and did add to a very happy Christmas.

Yours faithfully,

B. OSMONDS,
"Hedley",
Redhouse Road,
Tatsfield,
Kent.

Wags to Ashtrays

Dear Sir,

After reading the "Wag Mag" as a fairly liberal minded, supposedly intelligent, Jewish girl, I am appalled at their sick sense of humour. I'm not quite sure if the authors are goose-stepping W.A.S.P.'ish bigots, or just naive insensitive idiots. I have a feeling it's the former since not even the "far right press" have the guts to write in prose or joke, such blatantly racist remarks about Jews, blacks, coloureds, etc., i.e. not white. You are probably all saying that here's another stick in the mud, but let me ask them a question. Who is the Mag aimed at, and what is it for? Is it for anglo-saxon gentile fascists to have a good laugh at everyone's expense? No, it's for the majority of people who read it to derive enjoyment and laughter. I don't mind taking mild offence at innocuous jokes made at me, but I do draw the line at jokes about stuffing Jew's ashes into ashtrays.

Just who the hell do they think they are?

Yours in disgust,

NATALIE ONONA,
Boland House,
Guy's Hospital.

(More on this unfortunate affair next month. Ed.)

Sport

INTRODUCTION

The waning of winter has ushered in the first signs of spring and, together with them, the white blanket of snowdrops and the spring sunshine. Sport at Guy's, however, carries on in its winter mode.

We must congratulate the Association Football Club 1st XI on being in second place in the league, and 2nd XI on reaching the final of the U.L. Cup. The final will be played on Wednesday, 14th March at Motspur Park and support will be most welcome. Unfortunately, we must yet again commiserate with the Men's Hockey Club 1st XI on their removal from the U.H. Cup by the Charing Cross Hospital, who incidentally also dismissed Guy's from the U.L. Cup a few weeks earlier.

Plans for the Summer Festival are now taking shape and the event on Saturday 2nd June 1984 will this year include a 60m sprinting competition open to anyone who

wishes to enter. So limber up those bodies, athletes!

With no more stunning news I will close and allow individual clubs to hail their achievements.

ASSOCIATION FOOTBALL

Guy's 1st 5, SSEES 1st 0

Following a disastrous holiday period, the firsts were given new hope by the return of the vital Battery and Rytua from loan to major overseas clubs. The promotion thrust started with SSEES (whoever they are!) and victory was essential.

The build-up to the match went smoothly, or at least as usual, when the Irish Fool got lost driving to the ground enabling Captain Cacophony to get his vocal cords into gear. We reached the place and all was still going to plan, but for a tiny hitch – Andy "I've got no temporal lobes" Jones had been so busy massaging his masseters that he forgot the kit. Kwesi refused to ruin his skirt or to play with no clothes (claiming that three-legged players are not permitted) so P.T. was volunteered to speed back to HOP on his two-wheeled matchbox toy whilst the rest of us went in search of carbohydrate.

On the way we found the BBC Sports Ground and, risking being made a laughing stock on Grandstand, went to see if we could borrow some kit. Battery seemed keen to make an idiot of himself and asked a chap who looked almost, but not entirely, completely unlike John Motson. Amazingly he had some kit and even more amazingly he lent it to us.

So we started the game with ten men on the pitch and one on the S. Circular, collecting now redundant kit. The homecoming of the two superstars had a magical effect on the team and some rather disorganized pressure from Guy's eventually gave way to a very cool and calm move down the right and a goal for Nick I placed it, honest Tucker. Barry Sheene got back towards half-time (a little upset, I've no idea why) and immediately fooled their keeper with an accidental slice, 2-0.

Second half and T'Spu Mellor, now reinstated in midfield, tried to control it and almost did. Battery tried to run and couldn't and Nav Masani didn't try to run and succeeded; only Allington, supporting them on the left side, showed any signs of being even semi-mobile. Nav did however score (at last), arriving late into the area (he was late everywhere) following a long throw.

Further excellent moves resulted in goals for Taylor and Tucker plus a caution for the only-partly-mad (I think) Kwesi. Both goals were of high quality and reminiscent of our form earlier in the season. First, Tucker was released down the right with Taylor running to the far post. Nick knocked it on his head John, and in it went. Taylor returned the compliment for Tucker to knock in after receiving a masterly defence-splitting 3 yard pass from Rytua. Even Kwesi's booking offence was high quality manslaughter.

Our superiority is demonstrated by the fact that the 5-0 clean sheet scoreline was achieved even with Chris Nocock between the sticks. This was his first shut-out since arriving at Guy's and will probably be his last. Even so, with three matches to play, a promotion situation status is very much a possibility for the firsts. Mark Scriven, again, did not (and hopefully never will) make his debut.

Team: C. Pocock, E. Rytina, G. Shannon, K. Debrah, M. Allington, S. Mellor, A. Jones, M. Batterbury, P. Taylor, N. Tucker, N. Masani.

Dick F. B. Fairweather

Guy's 3rd XV v Old Suttonians
Won 27-10

H.O.P. 26th November

Mick Martin's Penetrators played a memorable game today, and spurred on by Inky Neill's support, the team's committment doubled. Never has a pack piled into rucks and mauls with such fervour. The dominance in the fight increased with each scrum.

An early lead from a well-taken try by Williams on the right wing was lost by a deft touch from Ferguson while defending. Under very little pressure after a line-out, his clearance to touch travelled painfully few yards into the hands of an opposing forward whose surprise, equalling that of Slater's the night before, led to an easy score. The level sheet inspired us further. A try from Petrides under the posts was easily converted, and a penalty left us in the lead 13-4 at the break.

The backs had every opportunity to run the ball in the second half, and made good ground, though forward passes from the amateurish full back interrupted the flow of play. This intentional tactic, however,

allowed the pack to demoralise the opposition further still. Two push-over tries touched down by Petrides and a goal by Dowson seemed to have the scoring tied-up. Seb Johnson had other ideas. After failing to catch a high ball at ankle height, he managed to fly-hack it about two feet into the arms of an opposing forward who scored. Final result 27-10.

Predictably Davidson's opposing prop was concussed for most of the match. Barnick was totally in control and with forward drive, supplied by the Searle-Liddel lock combination, Martin had little need to hook.

Dowson played tremendously for a nancy buck, and Powell looked good. Zangouras reckons he passed the ball once, but the truth is he dropped it before he was tackled.

Evans was a faultless addition and had two of us learned "The Basics" before the match, Slater would have been happier, and the final score more convincing.

The Kid

ATHLETICS

The Athletics Club encompasses the Cross Country Club which functions during the winter season and track and field team which functions in both winter and summer seasons. The track and field team is fairly strong. Last year we won the University Championships and were second in the United Hospitals Cup. Several members of the team are members of the University of London and the United Hospitals teams.

This year we hope to organise some winter indoor matches with the RAF to prepare for the summer season which begins as early as May with the U. L. Championships. Selection up till now has been by past performances at school prior to coming to Guy's, but this year we may hold some training sessions to select the team. Everybody is welcome and those interested should contact A. Williams or M. Martin for cross-country and R. Atun for the track and field team, *via* Boland House pigeon holes.

MEN'S HOCKEY

University of London Cup 3rd Round
Guy's 1st XI v. Charing Cross 1st XI
Lost 3-0

A quarter-final match in the UL cup was not the ideal way to restart our hockey after the Christmas break. Skip had major problems with team selection, though these were lessened by the return of Lobo senior from his African safari. However, younger brother, Glenn "Arthroscopy" Lobo was again unfit, and was forced to ref. Alistair Lammie, after his fine performance against B.B.C., somewhat reluctantly agreed to play in goal.

With the importance of the match, transport was laid on with Alan and Tariq providing cars and James a Sherman tank. When we arrived at Cobham we found that Charing Cross were probably the ugliest team we have played this season (bitter and twisted).

And so to the match, which for us was a big disappointment as we failed to live up to our potential. After five minutes of rather dull play, Charing Cross found themselves in our D. The usually reliable Calver (a man who has not scored in over two years) ended his goal famine by putting the ball past the dispairing Lammie. Skip protested that the goal should not be allowed but his words fell on deaf ears and the goal was given.

For the rest of the half, Charing Cross never looked like scoring. unfortunately neither did we, although Phipp was unlucky on a couple of occasions. So at half time only 1-0 down we were still in with a good chance. However, in the second half we went to pieces and played some appalling hockey. Up front Dave "Trendy man" Pickering and Ian "Headband" Cranston failed to put pressure on the cross goal. So Sikp, with no success at all, decided to push forward from sweeper to centre forward. When Charing Cross scored their second goal he realised his tactical blunder and decided to return to the defence.

With only 10 minutes to go and 2-0 down, Guy's fell apart and Charing Cross took control. Lammie made a few excellent saves to keep the score down, but in the dying seconds Charing Cross scored another to end a bad afternoon.

Sorrows were drowned in the bar (many thanks to J. S.) and at the curry house, Calver chasing after his second goal of the day. Hopefully revenge will be had when we play Charing Cross in the Hospitals' Cup in two weeks.

Team: G. Lammie, A. Lobo, R. Russell, N. Calver, J. Gregg, T. Brink, T. Sethi, D. Pickering, I. Cranston, I. Phipp.

Guy's 1st XI v. B.B.C.
Won 5-4

With half the regular side winging out, a rather below strength Guy's side set off for Motspur Park to play the B.B.C. With the reluctant Dr. Parker up front and the relaxed George Lammie making his debut in goal a high score was on the cards. It was rather lucky that the B.B.C. side were in fact a lot worse.

We took the lead through Cranston after a few seconds. This was quickly followed by a debut goal for Lee Illing, another product of the Guy's Hockey Training School of Cape Town. Shortly after he scored his second – the best goal of the match – diving in at the far post.

Vogel brought the tally of South African goals to seven in three games just after "the Beeb" had somehow scored, beating the dive of the despairing Lammie. Just before half time Illing was unlucky not to complete his hat-trick, his goal disallowed for offside.

In the second half Guy's lost concentration and B.B.C. pulled the score back to 4-3, but Sethi made things safe, scoring directly from a short corner. B.B.C. fought hard and scored again in the dying second, but Guy's stretched their winning streak to 3 games!

Team: G. Lammie; J. Dickson; R. Russell; N. Calver; M. Pritchard; I. Cranston; T. Sethi; I. Phipp; M. Vogel; V. Parker; L. Illing.

Skip

Guy's 1st XI v. Medway
Won 3-0

This was our first return match of the season and Guy's were looking for the double over Medway. Their pitch, looking more like a ploughed field, suited our particular style of play – unskillful. With the penniless Cranston again blowing the whistle we started what was to be the most one-sided game I have ever played.

With about 15 minutes gone and five open goals missed, Piyash raced down the left wing and beat five players before finally burying the ball in the far corner.

The second goal came shortly after. A perfectly waited through ball from Skip's short corner found new man Martin Vogel just in front of goal and he made no mistake. We should have scored more before half time and Pickering was unlucky to have his effort disallowed.

The second half started as the first had ended with Guy's well on top. Tom Brink looking more like a male model than a hockey player, and Jeremy Gregg ran the midfield. Vogel finished an impressive debut by flicking a rebound past the diving goalkeeper.

Team: N. Oastler; J. Dickson; R. Russell; N. Calver; T. Sethi; T. Brink; J. Gregg; I. Phipp; D. Pickering; M. Vogel; P. Jani.

University of London Cup 2nd Round
R.C.S. 1st XI v. Guy's 1st XI
Won 4-2

This was a match to remember for a number of reasons. First injury prone Glenn Lobo made an impressive debut, but still did his best to break his leg before the match started. Also everyone (including Tariq) turned up on time, although "prima donna" Cranston forgot his kit.

Nobody Skip took the car leaving everyone else a long train and bus journey to Heathrow.

When the match started, Guy's remarkably took the lead after only two minutes through the quick thinking of Cranston. However, this was not to last and Brian Jenkins, guesting in goal, got his first touch when he picked the ball out of the back of the net shortly after. The defence looked very shaky at this stage and R.C.S. took advantage of this to give Brian his second touch again from the back of the net.

After this our game picked up and 2-goal Vogel scored an equaliser just before half time. At half time Brian changed his pads and this seemed to do the trick. R.C.S. never made it into our half. Guy's dominated the second half, looking especially dangerous down the right with Sethi, Gregg and Phipp. Our pressure finally paid off when "Sniffer" Pickering gave us the lead. Shortly after, and to no-one's surprise, Lobo pulled a muscle in his leg, probably keeping him out for the remainder of the season.

To round things off, Martin Vogel scored his fourth goal in two games, to assure Guy's place in the last eight. Many thanks to Mark Pritchard for umpiring.

Team: B. Jenkins; T. Sethi; R. Russell; J. Dickson; G. Lobo; J. Gregg; T. Brink; J. Phipp; D. Pickering; I. Cranston; M. Vogel.

Edenbridge v. Guy's 1st XI
Lost 0-1

BASKET BALL

Introduction

The basket ball club was formed in February 1983 and is a predominantly clinical dentist team, but membership is open to anyone in the clubs union as well as nurses and physios, of any standard. The club is now officially recognised as a constituent institution of the Clubs Union and Blues Committee, and the club plays in the University of London league. Training is on Monday nights from 6.00 to 7.30 p.m. at Philip Howards School, Upper North Street, E14 (A–Z Ref: p.64,2C), if you are interested in playing contact M. J. Rough (Captain) of P. Cornish (Coach), via Boland House.

The basket ball club wishes to thank Brook Bond Oxo and the John Lewis Partnership for their financial support; a special thank you to Mr. Brian Harris, Manager of the U.K. Dental Products Division of I.C.I. who, on behalf of I.C.I., sponsored the cost of various pieces of equipment and miscellaneous expenses.

The 1983–84 league season began in November and will end in March, each team having played 14 matches.

Guy's 23 v. Imperial 95

At first glance it would appear as if Guy's playing on home ground got soundly thrashed in our first league match. At a second glance the initial opinion remains unchanged – we did get thrashed. First blood went to Imperial in the first minute and their second basket in the next. After four minutes R. Dyer gave Guy's two points from a free shot, then S. Chinkworth blasted in another basket, Imperial fought back and the score matched up knock for knock with N. Calvert scoring a basket, S. Chinkworth giving us another skillful basket and missing two free shots two minutes later. This was the beginning of the end for Guy's in the first half as Imperial went into overdrive. At half-time the score was 8–35 to the visitors.

The second half proved to be disastrous for Guy's who played good textbook basket ball against a ramshackle Imperial who got all the lucky breaks. Guy's whose basket ring now glowing cherry red under the heat of the Imperial onslaught, managed another 15 points, with another two baskets from S. Chinkworth, three by P. Bagge and two by M. Sinden (Medic).

The score does not reflect Guy's true ability, as the predominantly Dentist team showed a natural flare for the sport; on the other hand, with good hard practice and determination, our two Medics will also win through.

Team: M. J. Rough (Captain), P. Cornish (Coach), S. Chinkworth, R. Dyer, P. Davis, P. Bagge, M. Mortiboys,N. Calvert, M. Sinden (Medic), E. Sherriden (Medic).

Guy's v. Ealing – Cancelled

Guy's 33 v. London Hospital 30

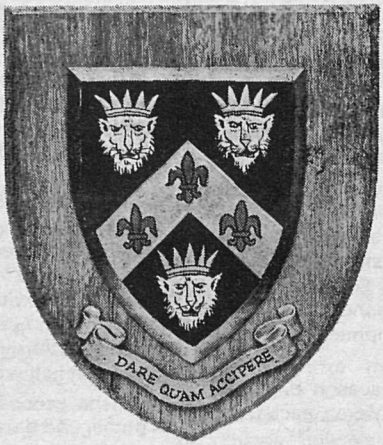
A narrow victory is better than no victory, however Guy's have played the London in many previous friendlies and won convincingly; hence a better result was expected. Guy's have the knack of loosing the first few baskets, but in the fifth minute N. Calvert put us in the picture scoring one point from three free shots. Two more baskets came from the infamous S. Charlswothe, with P. Bagge and M. Sinden (Medic) scoring a basket each. Both defensive and offensive play by Guy's was lousy in the first half which London won 22 to 10.

In the second half, Guy's got their act together and dazzled The London with some sparkling and spectacular basketball. Man of the match must have been S. Charlsworthe who sank another four baskets. Man of the moment was N. Calvert who produced two stunning baskets (we were all stunned that they actually went in). Baskets were also scored by R. Dyer, P. Cornish, P. Bagge and M. Sinden (Medic).

The team number was depleted due to the pressure of exams, although some of us did have 3rd B.D.S. Part 1 resit the next day and still managed to play!

Team: M. J. Rough, P. Cornish, M. Mortiboys, R. Dyer, N. Calvert, P. Bagge, S. Charlsworthe, M. Sinden (Medic).

Guy's Hospital Gazette



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RESULTS

M.B. B.S.

Adam, B.
Dalah, M.
Gaskell, Mrs. W. G. (née Brown)
Harper, N. C.
Langton, F. A.

L.D.S. R.C.S.(Eng.)

Bellew, M. D.
Cronshaw, M. A.
Dunkin, M. P.
Hackett, M. G.
Tierney, A. K.
Whitfield, A. N.

DIETETIC DEPARTMENT: STUDENTS ACCEPTED FOR PRACTICAL TRAINING 1984–1985

University of London Postgraduate Diploma in Dietetics
Fischer, Miss S. B.Sc. London (Nutrition)

University of Surrey B.Sc. (Hons. in Nutrition)

Clark, P.
Lewis, Miss J.
Barr, Miss J.
Driver, Miss L.

Leeds Polytechnic B.Sc. (Hons. in Dietetics)

Lomax, Miss A.
Wood, Miss C.

Queens College, Glasgow, B.Sc. Dietetics
Bannerman, Miss J.

BIRTHS

MILLER—On 6th December 1983 the birth of a second daughter Fiona Victoria to Gillian nee Denham, wife of Mr. Tim Miller.

MURGATROYD—On January 5th 1984 at The Royal Lancaster Infirmary, to Drs Morna nee Van Essen, and Tony Murgatroyd, a son George Bruce, brother for Catherine and Thomas.

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NEWS EDITOR — MARCIA HALL
SPORTS CORRESPONDENT — WIKTOR ZBRZEZNIAK
NURSING CORRESPONDENT — SERENA COOPER
PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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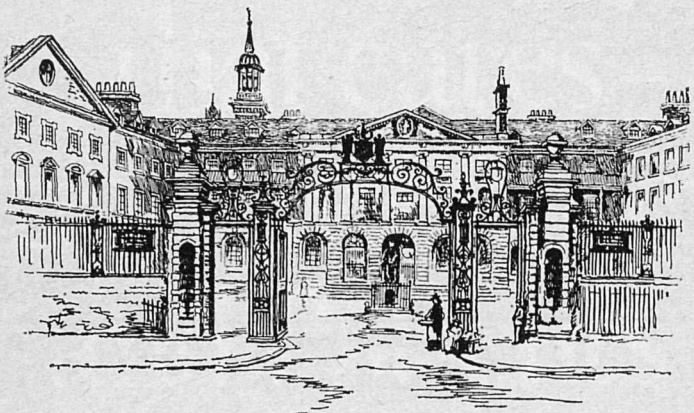
Guy's Notelets



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Passim

Wag Mag **Hysteria**

Many of our readers will already have heard about the unfortunate *Wag Mag* – through television, radio or the press. For example, Peter Hillmore in his *Pendennis* column in *The Observer* of March 4th, said that black, Pakistani or Jewish patients might be prudent to think of going to another doctor if their own had trained at Guy's. The Dean's restrained, but carefully considered reply was published the following week in the same organ:

"Dear Sir,

"I am writing to reassure your readers that racial discrimination and the stimulation of racial hatred are universally condemned in this Medical School. Guy's is in fact a harmonious multi-racial community and the small group of students responsible for the *Wag Mag* to which exception has rightly been taken (*Pendennis* 4th March 1984) included Asian and Jewish members.

"This publication, which was not organised by the Medical School or the Students' Clubs' Union, was an ill-considered attempt to raise money for charity and although some of the contents were offensive and deplorable and their inclusion was a gross error of judgement, I am satisfied that there was no intention to promote racial disharmony. That offence has been given is deeply regretted; but there is no foundation for the suggestion in your article that Guy's-trained doctors are prejudiced against patients of any race or creed.

"Yours faithfully,

J. C. HOUSTON, C.B.E., M.D., F.R.C.P.

Dean."

Perhaps the best and most laudable contribution to the issue was in the editorial in Guy's local paper, *The South London Press*, under the heading "Remedies for Sick Jokes":

"Peckham M.P. Harriet Harman, a former official of the National Council for Civil Liberties, is fuming over the content of Guy's Medical School's rag mag.

"The Magazine, called *Wag Mag*, contains some pretty crude and offensive racist jokes. While student doctors are renowned for their over-the-top sense of humour and love of sick jokes, they should have the intelligence to know where to draw the line.

"As it was, they didn't and 2,000 copies of the magazine were sold – one finding its way to Ms. Harman. She has now referred it to the Director of Public Prosecutions as a breach of the Race Relations Act. The jokes, she says, could incite racial hatred.

"But, as with the jokes themselves, this is surely an over-the-top reaction. The jokes and more particularly the students' willingness or lack of thought in publishing them, are likely to invoke shame and

disappointment rather than hatred; shame that trainee doctors should ignore their responsibilities and disappointment that they should find race an issue for public ridicule.

"The students would do well to explain themselves and apologise to those they have offended for such a thoughtless prank.

"We doubt whether a prosecution will achieve very much, other than demonstrating a desire to crack nuts with expensive and lengthy sledgehammers."

A letter from the editors of the *Wag Mag* appears in the correspondence section of this edition of the *Gazette*.

Our readers can remain confident that there is no question of racialism amongst Guy's people, let alone the students. It is a shame that such ill-considered action by a few very young students has caused so much irritation, which has reflected badly on the Hospital as a whole. The students concerned obviously regret bitterly what has happened, and there is no justification for thinking that Guy's students show less concern for people, as the Bishop of Woolwich has suggested. In a Radio 4 programme he said the students were "too insensitive to be doctors" and he also said that they "should no longer be allowed to continue their training." The *Gazette* deplores this, as does the Medical School.

Surely the best thing now is to let sleeping dogs lie. Although not quite in the arms of Morpheus, this particular dog is rapidly becoming soporific.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are May 9th and June 13th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers. When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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News in Brief

Guy's Hospital 1959 Club

The 25th Anniversary Dinner of the Guy's Hospital 1959 Club will take place at the Burford Bridge Hotel, Dorking, on Saturday, June 2nd 1984. This Dinner will be preceded by a Clinical Meeting starting at 10.30 in the morning at the same hotel. If there are any members of the 1959 Club who have not received a letter from the Hon. Secretary, please contact Mr. Richard Notley, at Spindlewood, 59 Pewley Hill, Guildford, Surrey.

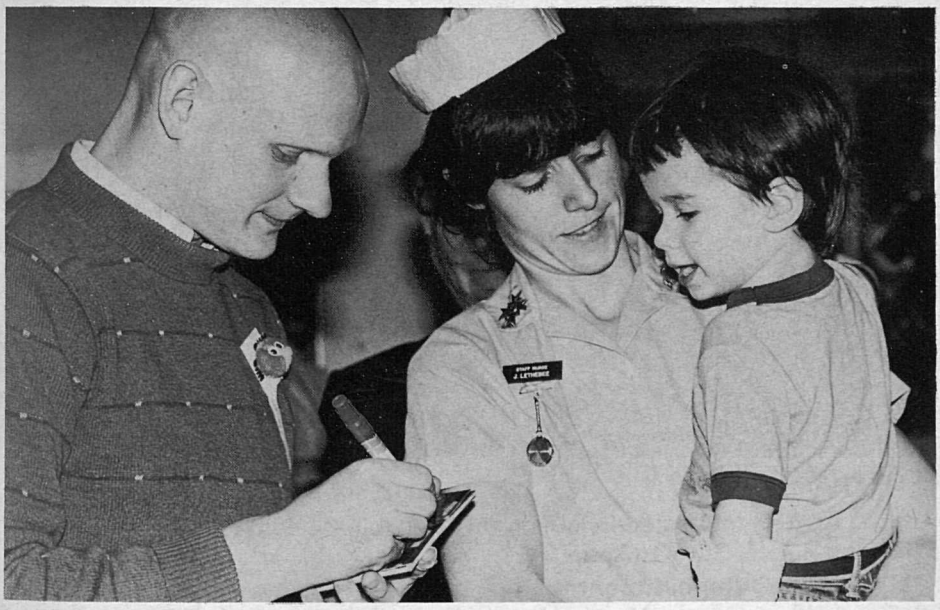
Guy's Hospital Physiotherapy Charity Ball

The Ball, in aid of Muscular Dystrophy will be on 5th May 1984 at The Park Lane Hotel, Piccadilly, London, W.1. Enquiries to: Jane Fletcher, School of Physiotherapy, Shepherd's House, Guy's Hospital, London, SE1 9RT. (The price of a double ticket has yet to be finalised but is likely to be in the region of £33.00.)

Badenoch Memorial Trust

Medical students with a home address in Leyton or Waltham Forest may be eligible to benefit from this Trust which makes a grant towards expenses for their medical training.

Please contact Dr. E. Walter Wright (secretary to the Badenoch Memorial Trust), District Medical Officer, Waltham Forest Health Authority, Claybury Hall, Manor Road, Woodford Bridge, Essex. Closing date is 30th April, 1984.



Duncan Goodhew signs autographs in the Evelina Children's Hospital. *See p. 118*

Guy's Annual Rugby Ball

To be held at the Glazier's Hall, London Bridge on Thursday, 26th April. Tickets are £32/double. Please contact Mr. I. Francis, Floor 24, Guy's Tower.

St. Thomas' and Guy's Historical Essay Prize 1984

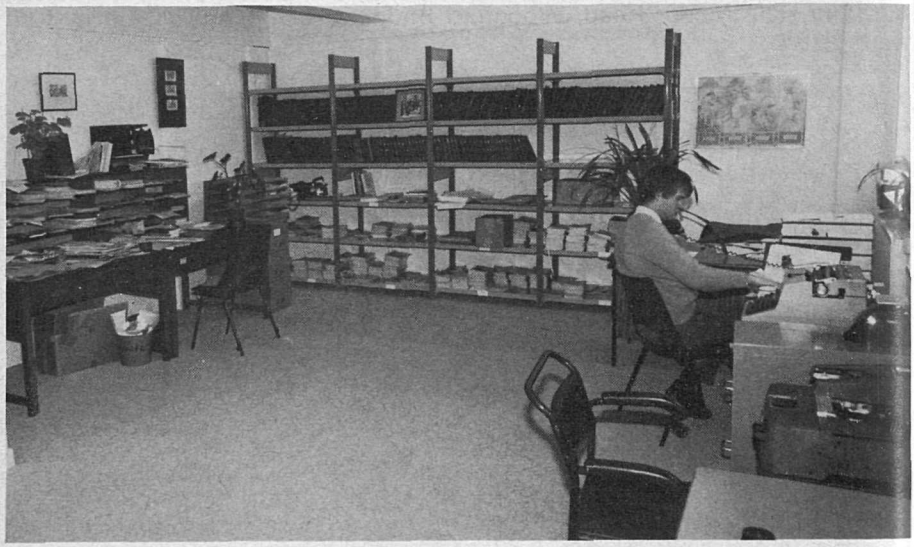
The Lord Brock Memorial Trust, which is responsible for the Old St. Thomas' Operating Theatre and Museum near Guy's, holds an annual competition for an historical essay on a medical subject. The prize is £100.

Prospective entrants should obtain approval for their proposed subjects from Mr. B. T. Jackson, Consultant Surgeon (if based at St. Thomas') or Professor I. McColl, Professor of Surgery (if based at Guy's). Any medical, historical subject can be chosen, but there should preferably be some connection with St. Thomas' or Guy's. An acceptable example would be "The Association of Guy's and St. Thomas' Hospitals with the Borough, and its History". Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr. Jackson or Professor McColl. Publication will be encouraged.

The competition is open to everyone associated with St. Thomas' and Guy's Hospital and Medical Schools. The closing date is 31st May 1984.

New *Gazette* Office

The photograph shows the magnificent new *Gazette* office at 23b St. Thomas' St. We are very grateful to the Special Trustees.



Fly Fishing Club

Anyone interested in joining this club, please contact Chris O'Brien, c/o Boland House, Guy's Hospital, SE1.

***Gazette* Staff Appointment**

We welcome Marcia Hall as News Editor and wish her the best of luck.

Front Cover

This month's front cover shows Ben Wyatt in the frozen sunshine at the summit of Clogwyn Ddu. It was taken by Tom Humphries on the recent Mountaineering Club expedition to North Wales. See page 134.

Guy's Rugby Club Sweaters

These are now available at a price of £14 (incl. p. & p.), navy only, 38"–46". Please contact Chris Barry, c/o Guy's R.F.C., Boland House, Guy's Hospital, SE1.

Guy's Hospital Cricket Club: First Eleven Fixtures in 1984

Date	*Opponents*	*Time*	*GND.*
April			
28	Beckenham	2.00	H
29	Rowan	2.00	H
May			
2	King's College Hospital	2.30	A
5	Temple Sheen Eccentrics	2.00	H
6	London Hospital	11.30	A
9	Streatham Police	2.30	H
12	Carnegie	2.00	H
13	St. Bartholomew's Hospital	11.30	A
16	Stoics	2.30	H
19	Old Citizens	2.00	H
20	Nomads	2.00	H
25–28	Oxford Tour*		
30	City of London G.P.O.	2.30	H
June			
3	Dulwich Wanderers	2.00	A
6	Chislehurst and West Kent	2.30	H
9	Past	11.30	H
10	St. Mary's Hospital	2.00	A
13	Hurlingham Oddfellows	2.30	H
16	Old Lambethians	2.00	H
17	Brighton Hospitals*	2.00	A
20	Royal Free Hospital	2.30	H
23	Old Castletonians	2.00	H
24	Crofton Park	2.00	H
30	London House	2.00	H
July			
1	Brixton West Indians	2.00	H
7	Gray's Inn	2.00	H
8	Lambeth	2.00	H
15	Catford	2.00	H

**Provisional*

Obituary

Ann Vera Moss

Ann came to Guy's in 1952, where she undertook her general training and training for the Mental Register. She then left to undertake Part 1 midwifery training in Cambridge. She returned to Guy's in 1958 and she spent the rest of her professional working life at Guy's, as a Staff Nurse and then Sister in the York Clinic. In 1964, she became an Assistant Matron and, in 1972, she became the York Clinic's Nursing Officer.

Ann believed passionately that psychiatry and general medicine should be practised together in a District General Hospital, and she also believed that General and Psychiatric Nurses had much to offer each other. It was with great foresight that she set up the Psychiatric Nursing Advisory Service at Guy's, which is a nurse-to-nurse referral service, and which she was later able to extend to cover the district as a whole, both in the hospital and in the community.

In 1974, during the re-organisation, Ann was appointed Senior Nursing Officer for the psychiatric area of the Guy's Health District. Her task was to unite the two units of the York Clinic and St. Olave's Hospital – at that time they were as different as chalk from cheese.

Ann masterminded the integration of the Nursing Service with great strength of purpose, discussing changes with staff at every step, and only rarely finding it necessary to give firm directions to her staff.

Ann was interested in all spheres of care, and the Psychiatric Community Nursing Service expanded during her time in office. One of her great disappointments was her inability to influence the Joint Board of Clinical Nursing Studies – as it then was – about the way training for the Community Psychiatric Nurse was organised. She realised it was very expensive to second one member of staff for a year's training and tried valiantly to suggest alternative ways of training staff. If it was difficult in 1976 to release staff, it is doubly difficult today.

She made a contribution to nursing on a district-wide basis, being one of the first Senior Nurses to see the advantages to patient care of the nursing process. She chaired the Working Party that had the task of designing the paperwork and masterminding the implementation of the process at Guy's.

Ann never lowered her standards. She only recruited staff with the skills which she wanted, or who had the potential to gain them. She was a shrewd selector of Nursing Officers. She took an interest in her staff and rejoiced in their personal or professional success.

Ann was a tall, neat, slim, self-contained person. She was quiet, she had charm, and a warm sense of humour. She thought deeply – never the instant reaction or hasty decision. She was kind – very kind. She loved to be out and about, walking in the countryside or in London. She was interested in life, wild flowers, and birds, and these interests were a comfort to her in her

illness, which she bore with strength and fortitude. She was a good friend to Guy's. She was a loyal, tireless worker, a tower of strength. She was truly a loyal and faithful servant. May she rest in peace.

M. J. D.

Iris Brook, S.R.N., S.C.M.

Iris Brook was born in Aberbeeg, Monmouth in 1903 and was trained at the Cottage Hospital, Tredegar, and at Mile End Hospital, now part of the London Hospital Group. She was a member of the Executive Committee of

the Nurses League of the London Hospital Group, and was President of the Mile End League of Nurses prior to the recent amalgamation. She was also the Guy's Board of Governors' representative on the Guy's Hospital League of Nurses and on the occasion of the 21st year of her membership received the unique honour of being presented with the Medal (known as the "teapot stand" because of its size) making her the first Honorary Sister at Guy's.

It was in March 1931 that the London County Council appointed her a member of the Committee of St. John's Hospital, Wandsworth, and three years later she became Chairman of the Committee of St. Benedict's Hospital, Tooting. Later she became a co-opted member of the Mental Hospitals Committee of the L.C.C. at County Hall, until the dissolution of the Committee in July 1948. When the National Health Service came into being she was appointed an original member of the Board of Governors of Guy's Hospital, on which she served for 25 years and was Chairman of the Board's Endowments Committee. In 1948 she also became a member of the Bromley Group H.M.C. and of the Darenth & Stone H.M.C.

Among her other public activities has been membership of the former Chislehurst & Sidcup Urban District Council and of the management side of the Nurses' & Midwives' Whitley Council. It is an interesting fact that before the last war, following an article in a national newspaper exposing the exploitation of nurses, she became an organiser of the first trade union for nurses, which has since been absorbed by the Confederation of Health Service Employees, and she was responsible for a procession down Whitehall of uniformed, but masked nurses.

Quite apart from all these activities she raised a family of four, and as a State Registered Nurse and a State Registered Midwife gave considerable assistance to her busy G.P. husband Dr. Charles Brook, C.B.E., M.R.C.S., L.R.C.P., F.R.C.G.P. at a time when hospital facilities were very limited. She also played an active part in the preliminary planning of what was to become the National Health Service.

Clubs' Union News

Simon Ward reflected at length on last year's trials and tribulations in last month's *Gazette*, so I think it would be fitting for me, as the new "Head Boy", to mobilise the tea-leaves and look ahead to the forthcoming year. At present the new team of officers look well matched to their tasks, with Paul Cassar as Bar Secretary, Duncan Brookes as Social Secretary and Sarah Corston as Junior Secretary – let's hope we can make it a record this year and keep these three sturdy individuals in their posts for the full twelve months.

Of course, the Clubs' Union's foundation should be the strength of its constituent clubs. As far as I can see they look pretty rosy. The last sporting season was uniformly strong; the Gilbert and Sullivan Society have admirably pulled off a dazzling production of "My Fair Lady"; and , Basketball, Fly-fishing, Parachuting, Cycling and Rifle clubs have all either been formed or reinstituted recently. Potential for sport and social activities has not been as great for a long time at Guy's.

I trust that I will be able to keep up the impetus and high standards set last year and maybe build further on these firm foundations.

Wag Week Report

Nurses dropped their bedpans in surprise, consultants took a second glance, physios flustered and radios recoiled. What was it? Had anarchy finally broken out at Guy's? No these heady, highly-strung youths throwing themselves about the Park were simply taking part in the Sack Race – Wag Week had begun.

During the following week it seemed that the normally sodden blanket of apathy, no-participation and dullness which engulfs Guy's activities was temporarily dragged away (only to be squelched back into place the next week, I might add). In the forefront were the pre-clinical students, who, nostalgically reverting back to pre-adolescent states, dressed up in silly clothes, drank lots of soda pop (well Theakston's Old Peculiar actually) and spent most of the days throwing custard pies at each other.

Events were all well attended, all made a profit, and, in the main, well organised. I particularly enjoyed the three evenings with live bands, especially the 16-piece Big Band on the Saturday – what a shame that a select crowd was forced to finish off the remainders of the cocktails at 1.30 a.m.

There was a good hard core of street collectors molesting the poor general public, attempting to inflict on them the distinctly controversial Wag Mag, however turn out could have been better at times. Most of the Main Line stations were attacked, however the *coup d'état* was on London Bridge. Faced with medics and dentists in surgeons greens, a real-live tea-party, and a 5ft high walking teapot obstructing their paths, not many commuters could resist a donation. We collected £850 in ninety minutes.

Wag Week was a time for late nights, with excessive drinking, living and passions not to mention a lot of goodwill and understanding from Hospital and Medical School staff. Yet despite all this enjoyment we still managed to raise over £4,000 for the Friends of Guy's.

J. R. Edwards (President)

The Medical Implications of Nuclear Weapons

by Graham Thornicroft

The Guy's Working Group on the Teaching of the Medical Implications of Nuclear Weapons arranged a series of six lectures on this theme in October 1983, with a view to organising such teaching at Guy's on a regular basis in the future. This report summarises the lectures.

1. Burn, Blast and Trauma

Major General Kirby, Director of the Accident and Emergency Department at Guy's Hospital, described the three destructive processes of an atomic explosion; blast, heat and radiation. Widespread destruction of buildings and a 90% mortality rate is produced in those areas suffering an atmospheric pressure rise of five pounds per square inch or more. A one megaton explosion would destroy brick and wooden buildings within a radius of three to four miles of the epicentre. The heat of the fireball from a one megaton explosion reaches peak intensity after one second. Within six miles of the centre combustible materials may be ignited, and within nine miles anyone with exposed skin will suffer second degree burns.

Radiation effects may be considered as either initial (within one minute of the blast), or residual, and are dealt with more fully in the second lecture.

NUCLEAR EXPLOSION ENERGY (GROUNDBURST)	BLAST	50%
	HEAT	35%
	INITIAL RADIATION	5%
	RESIDUAL RADIATION	10%

The Major General described the necessity of dealing with mass casualties according to the principle of triage. Three main categories of treatment priorities are laid out: immediate treatment, delayed treatment and minimal/palliative treatment. The last category comprises those seriously injured patients requiring complicated or prolonged treatment: no medical resources would be spent on this group. In his conclusion Major General Kirby emphasised the importance of medical preparedness and planning for mass casualties.

In the same session, the film "Hiroshima-Nagasaki 1945" used original footage to depict the nature and extent of the destruction in these two cities, and the immediate medical consequences. An eye witness, a history professor, described the explosion at Hiroshima in these terms, "A blinding flash cut sharply across the sky . . . I threw myself on to the ground . . . in a reflex movement. At the same moment as the flash, the skin over my body felt a burning heat . . . a blank in time . . . dead silence . . . probably a few seconds . . . and then a . . . huge 'boom' . . . like the rumbling of distant thunder." The bomb had a force equivalent to twenty thousand tons of TNT, and the number of deaths has since been estimated to be between 80,000 and 200,000.

2. Radiation effects of Nuclear Weapons

Dr. J. E. Coggle, Senior Lecturer at the Department of Radiation Biology at St. Bartholomew's Medical College described the mechanisms and consequences of radiation injury. In sequence, a primary ionic excitation occurs within the cell in less than a millionth of a millionth of a second. After twice this time, chemical changes produce free radicals, and then, within the first few hours, biomolecular disruption of nucleic acids occur. Finally cell death in animals takes place in the following hours, days and months. The short-term dose-dependent effects of radiation in man include: reduction of gastro-intestinal mucosal mitosis, skin desquamation, reduction of numbers of white and red cells and platelets, depilation, progressive gonadal sterility, and ventricular opacities. In the long term, the medical consequences include an increased incidence of leukaemia, and carcinomata of the breast, thyroid, bone and lung. In clinical terms, an exposure of less than 2 gray (1 gray is 100 rads, or 1 joule per kilogram) produces a syndrome characterised by nausea, diarrhoea, vomiting and anorexia. Progressively larger doses produce a "neurovascular syndrome" in which a short interval of mental alertness occurs before victims become comatose and die. There is uncertainty about the lethal dose for 50 per cent mortality in humans (LD50), but it is thought to be 4.5 – 6 gray, the higher figure being a recent Home Office estimate.

3. Psychological Aspects of Nuclear Weapons

Dr. N. Darroch, Senior Registrar in the Department of Psychiatry at Guy's Hospital, discussed this topic under three headings: the immediate and long term psychological consequences, and the effect of a nuclear threat upon our current psychological health. In the short-term, the initial reaction to mass destruction is likely to be shock, a retreat into apathetic incomprehension. Beyond this, some ability to comprehend the scale of the damage would produce enormous grief, an overwhelming sense of loss at the untimely, sudden massed deaths. Psychological studies of the survivors of Hiroshima and Nagasaki indicate significant long term psychological damage. Many felt anger at being powerless guinea-pigs in a military and scientific experiment. Commonly survivors felt a strong sense of guilt that they were spared death, and many were left with a sense of contamination, both from the immediate effects of the explosion, and from possible future genetic consequences.

Dr. Darroch suggested that the presence of massive nuclear arsenals and the recent heightened international tension had produced several characteristic patterns of public response. One is to deny any anxiety over the future use of these weapons, as the inconceivable scale of this destructive power forbids any real appreciation of the consequences of their use. Secondly, powerlessness in the face of possible overwhelming destruction nurtures a central absurdity in existance; one comes to feel a helpless spectator over one's own demise. Thirdly, the deployment of nuclear weapons can evoke an apocalyptic fascination with the prospect of destruction, a millennial vision of human guilt punished and humanity cleansed. Dr. Darroch suggested that one rational response to this cataclysmic prospect is to work towards the prevention of the use of these nuclear weapons.

4. Public Health and Civil Defence

Dr. G. Winyard, District Medical Officer of the Lewisham and North Southwark District Health Authority, described the planned medical responses in the alert for, and in the case of, nuclear war. In the alert stage, most patients would be immediately discharged from hospital, the casualty department would be emptied and out-patients would be closed. Supplies and staff would be dispersed to local treatment stations, and come under an emergency system of organisation from district and regional controllers. With the outbreak of war, a three-tier structure would link first aid stations, staffed by volunteers, with casualty collecting centres, who would in turn decide which patients warranted hospital treatment.

Dr. Winyard felt that the practical reality of the situation may be very different from these official scenarios. Firstly, it may well be that the alert period would last a few minutes, obviating any medical preparation. Secondly, casualties are likely, except in a very limited nuclear exchange, to swamp services. A one megaton air blast over St. Paul's Cathedral, for example, would leave 1,600,000 people with blast injuries and some 20,000 to 50,000 suffering major burns. Thirdly, government assumptions about a secure supply of clean water for at least two weeks following a nuclear explosion, do not take into account the extra hydration needed for patients suffering the gastro-intestinal lesions of acute radiation sickness, nor do they consider the contamination of public reservoirs by radioactive fallout. The risk of sewage contaminating water supplies and of the proliferation of vermin would be high, and would be likely to produce an epidemic of infectious diseases.

Finally, Dr. Winyard stated that for these reasons medical planning for the event of nuclear war has the lowest possible priority within this District, although government plans to effect compulsory planning would necessarily raise the question of how far it is reasonable to formulate plans that help make the unthinkable thinkable.

5. Medical Ethics and Nuclear Weapons

Dr. A. Haines, Senior Lecturer in General Practice at the Middlesex Hospital Medical School, spoke about the ethical aspects of medical participation in planning for nuclear warfare, and treating its victims. Concerning triage, he suggested that the ratio of casualties to medical staff in many areas would make such categorisation impossible. Should analgesics be refused to patients who were refused active treatment, and should agents for euthanasia be made available to them? He proposed that two sections in particular of the BMA's codes of Medical Ethics bear serious scrutiny. Firstly, there is the overriding principle that doctors should be concerned with the reasonable preservation of life. The second principle is that medical care should be rendered impartially. Dr. Haines argued that any toleration of the continued existence of nuclear weapons, and their potential for mass destruction, contravenes both principles, and that doctors may have, therefore, an ethical duty to understand the nature of the threat of nuclear weapons, and to consider means to prevent their use.

6. The Biological Implications of Nuclear, Chemical and Biological Weapons

Professor C. Mimms, of the Microbiology Department at Guy's Hospital Medical School, gave a brief summary of the biological consequences of a nuclear explosion cautioning that these aspects were more conjectural and less important than the more immediate destructive effects. Essential supplies of food and water would be rendered contaminated or inaccessible, and public transport would be drastically hampered. Corpse disposal would present a major health hazard; one estimate in the U.S.A. for example forecasts that ten million local inhabitants would die within the first minute. Dust and smoke rising into the upper atmosphere would partially prevent ultraviolet light penetrating to the earth's surface and could reduce the surface temperature and inhibit photosynthesis.

Professor Mimms also sketched the development of chemical and biological weapons from the phosgene-induced necrosis produced by mustard gas in the First World War. More recently, the production of binary weapons, comprising two ingredients, each of which alone is relatively safe, has been authorised by the U.S. Government in 1980. The development of biological agents such as anthrax spores or solutions of the toxin of *Clostridium botulinum* (8 ounces of which could kill the world's population) has been controlled, officially at least, by an international agreement in 1972. Nevertheless, these weapons could be easily produced and administered, difficult to detect, and offer the theoretical possibility of self-protection through immunity.

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Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Guy's Hospital South Wales Society Annual Dinner

by our Welsh Correspondent

The thirty-third annual dinner of Guy's most active regional society took place at 7.30 p.m. at the Park Hotel, Cardiff on 18th February 1984. As usual, the dinner was held on the evening of the second home International, and the fact that France beat Wales 21-16 did nothing to detract from the enthusiasm of the guests.

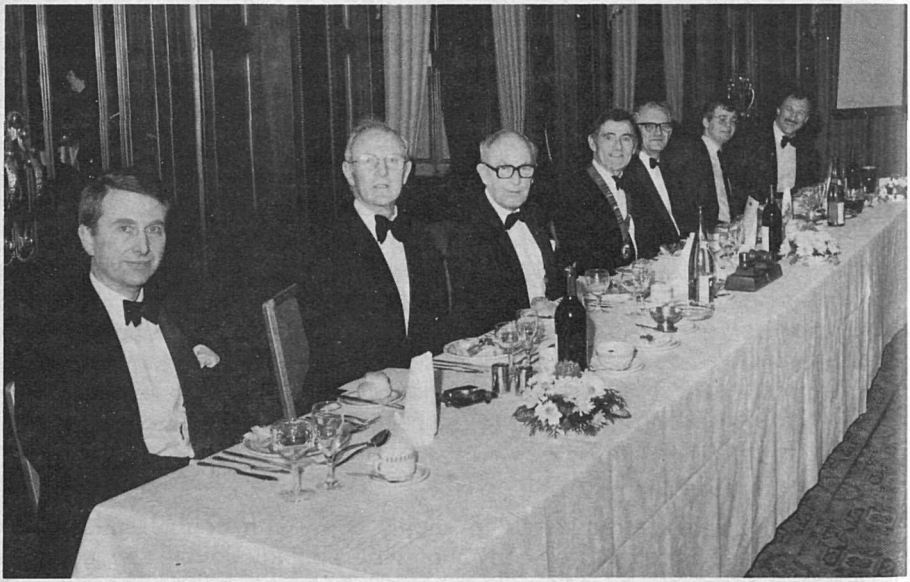
The dinner was held in the wood-panelled Whitehall Suite, and there were forty-seven members present. Mr. F. N. (Jock) Stares was installed as the new President. Mr. Dafydd Roberts said Grace in the native tongue!

The only sombre moment of the evening was when the death of Glynn Davies on 14th February was announced. He was a much loved member of the Society, and the gathering stood in silence as a sign of respect.

The menu was: egg and prawn Marie Rose, then fillet of plaice Mornay. This was followed by roast leg of Welsh Lamb; strawberry gateau and coffee finished an excellent meal.

The President proposed a Royal Toast. After a ten minute interval, the President gave his speech of welcome, and proposed a toast to Guy's Hospital. This was followed by a brief burst of community singing.

Guy's patients never die, Never die, Never die,
Guy's patients never die, They only fade away.



Left to Right: Mr. Gary Lewis, Dr. Tom Jones, Dr. David Stafford-Clark, Mr. "Jock" Stares, Mr. David Robinson, Our Welsh Correspondent, Mr. Chris Lewis

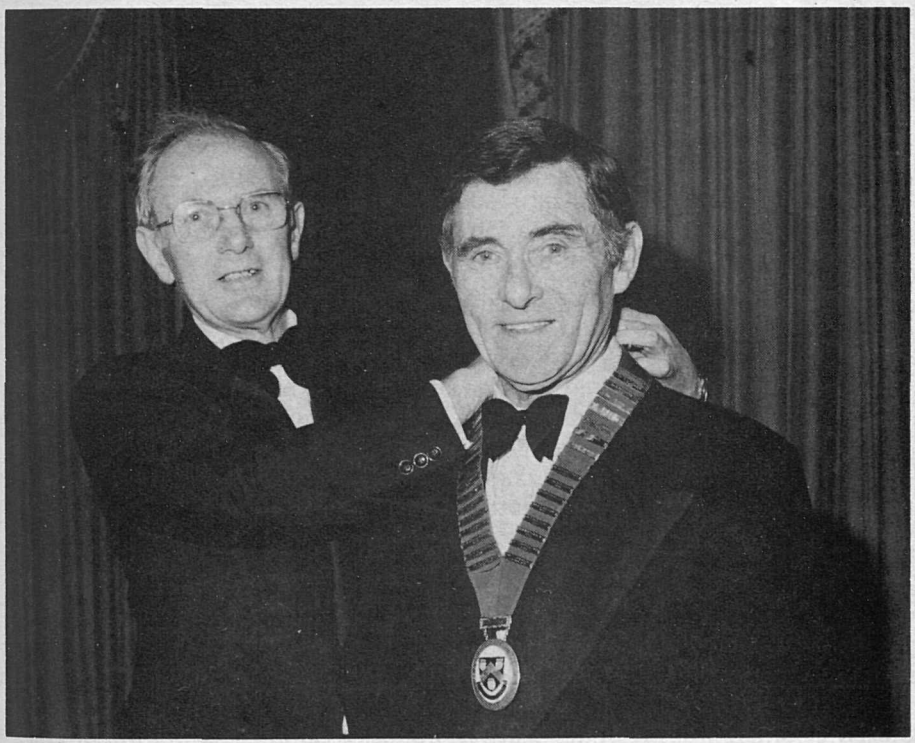
Mr. A. D. Robinson, from the Dental School, responded and proposed a toast to the South Wales Society. He then continued to bring the assembled company up to date with recent developments at Guy's, particularly the new Chesterfield development. He illustrated his interesting talk with many excellent slides, some taken from the vantage point of the top of the Tower.

Dr. D. Stafford-Clark gave the vote of thanks on behalf of the guests, and this was followed by the presentations to the guests: Honorary Life Membership and the coveted Society tie.

Mr. Chris Lewis, the Hon. Secretary, finished the dinner with some announcements including the fact that Mr. Eric Sturdy is President Elect.

The members and guests then retired to the bar, and again broke into song, but this time for rather longer, punctuated only by the entrance of a drunken French rugby supporter.

All in all a marvellous evening which was thoroughly enjoyed by everybody present. It is hoped that there will be a better turnout next year. Many thanks to Mr. Chris Lewis and the rest of the Committee for making the dinner such a success.



Dr. "Tom" Jones instals 1984–85 President Mr. "Jock" Stares

My Fair Lady

Reviewed by our Theatrical Correspondent

It is fast becoming a Guy's tradition that, during their pathology course, those students of thespian inclination should take to the stage, and this year they decided to perform "My Fair Lady". The musical adaptation of Shaw's classic play, "Pygmalion", automatically conjures up visions of Stanley Holloway and Rex Harrison, of flower girls in the old Covent Garden market and of the wealth and glamour of the Edwardian aristocracy with their top hats, tails and parasols. I went, I must confess, with some trepidation to the "last night" of this spectacle and as I wandered into the beautifully refurbished Harris Physiology Theatre, I wondered if this particular musical were really a wise choice. Comparison by the audience would be inevitable and their familiarity with both the story and Frederich Loewe's famous songs would make any slight indiscretion, on the part of the performers, intensely obvious. However, as the house lights faded to reveal the nocturnal bustle of the Covent Garden market, so did all my reservations. From start to finish, the entire audience were riveted. They were impressed by clever shavian remarks, moved at times by the poignancy of the situation, and frequently shaking with laughter.

The most astonishing performances of the evening came from Marcia Hall as the heroine, Eliza Doolittle, and Andrew Hodgkiss as the eccentric Professor Higgins. I do not suppose the audience will ever forget their complete mastery of the long and complicated parts, their exquisite singing and their total command of the characters they portrayed. It was truly remarkable to see two medical students give faultless performances in the Physiology Theatre at Guy's; performances, which could quite easily have been given in any theatre at the West End.

The supporting characters were superbly portrayed, and their costume and make-up were so good that they were quite unrecognisable as the medical students we see wandering around Guy's. Donald Peebles appeared, moustached and grey-haired, to give a very convincing performance of the kind and aristocratic Colonel Pickering (Cheltenham, Harrow, Cambridge and India), friend and accomplice of Professor Higgins. John Latimer was brilliantly cast as Alfred Doolittle – "a common dustman"; and the rendering which he and the chorus gave of "I'm getting married in the morning" was undoubtedly one of the highlights of the evening. Paul Cousins, in morning dress, with button-hole and bryllcreemed hair, was delightful as the amorous wimp, Freddy Eynsford-Hill.

The various choruses of cockneys at Covent Garden, servants at Higgins' home in Wimpole Street, and the ladies and gentlemen at Ascot provided a splendid setting for the various scenes. The group acting was excellent, and with the assistance of Des O'Flynn's sound effects, the audience found themselves transported in an instant to the busy and com-

"The difference between a lady and a flower girl is not how she behaves, but how she is treated"
Eliza Doolittle, played by Marcia Hall

panionable market at Covent Garden, or to the stiff and formal atmosphere of the upper crust at the races. The chorus singing was of a high standard, in particular the close harmony quartet of costermongers who, in the first scene, sang "Wouldn't it be loverly" with Eliza Doolittle. A special mention must be made of John Edwards (now quite type-cast as the ancient and toothless chronic bronchitic) who frequently stole the scene; of Rachael Scott who tap-danced during "I'm getting married in the morning" impressing cast and audience alike; and of Tom Brink, the master juggler who, I am quite certain, could be a successful busker in Covent Garden today!

Important though they were, actors and singers alone do not make a performance. In a musical such as "My Fair Lady", many other people have vital roles to play, to make the production a success. I was particularly impressed by Susan Bulman's piano playing. She, with Tom Hotton "on drums", kept the momentum going even through long scene changes, so that the audience was never, for a moment, allowed to get bored. The costumes were magnificent; for these, Mrs. Ann Hall was largely responsible. Everybody wore clothes perfectly suited to their characters; and the lords and ladies at Ascot were a sight for sore eyes. Jeff Little and his crew did a very

Andrew Hodgkiss as Professor Higgins – "Just an Ordinary Man"

slick job shifting the scenery around (a lot of which had been constructed by Timothy Hall) and the props, down to the last strawberry tart, were meticulously organised by Janet Craze. The Box-office team, led by Clare Howard and Jim Seale, succeeded in selling out the performance completely on every night. A special matinée was arranged for ambulatory patients which, I gather, was hugely enjoyed.

"Why don't you try something simpler like the Owl and the Pussycat?" – Donald Peebles as the amiable Colonel Pickering

Perhaps the most remarkable feature of the whole production was the overwhelming sense of *esprit de corps*. The obvious enjoyment of all the participants was most infectious. The producers and directors, Marcia Hall, Neil MacFarlane and John Edwards should be congratulated on keeping such high morale throughout the weeks and weeks of arduous rehearsals. Marcia Hall was also responsible for providing the driving force which combined all the varied talent and expertise to produce such a highly professional and wholly convincing performance of an ambitious work. Long live the pathology course, and these theatrical productions!

J. M. C. G.

Dental Notes

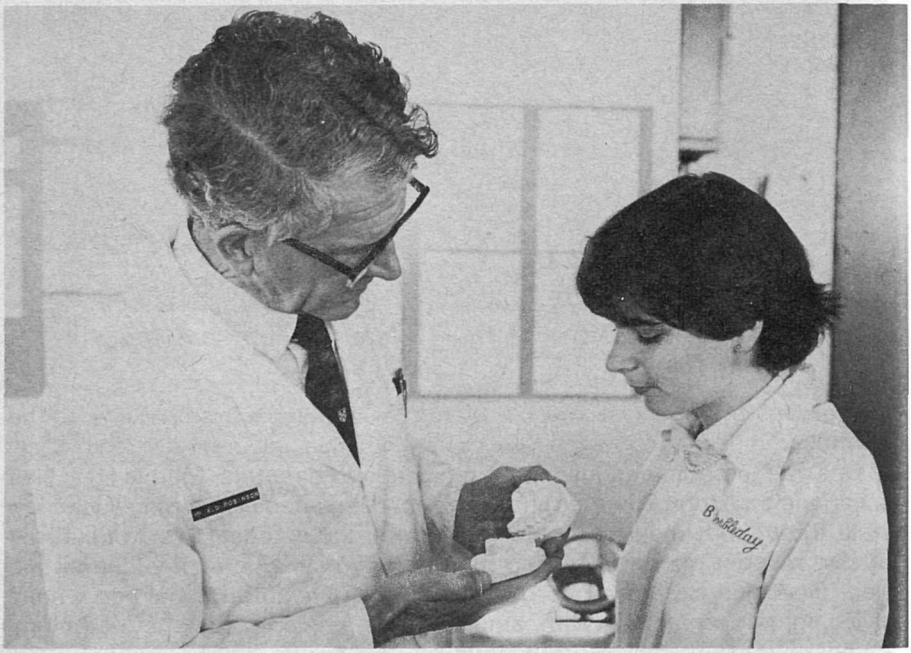
by Mr. A. D. Robinson and Dr. S. J. Challacombe

Dental Dinner

The Dinner was held in the splendid ballroom of the Park Lane Hotel. One hundred and forty-six people were present. The toast to Guy's Hospital and Schools was proposed by Sir Geoffrey Jackson, K.C.M.G. in a humorous speech and Mr. R. F. Pusey recounted some amusing incidents in the life of the Society's president, Professor M. N. Naylor.

There is no denying that we had hoped for a bigger attendance at this first Clinical Day "reborn" Dinner. However, it was fairly clear from the remarks made afterwards that those present were pleased with the arrangements and would like to see it again become a regular feature as it was for many years prior to 1976.

The annual competition for student presentations, both clinical and research, were as usual held on Clinical Day. The prize of a camera and accessories was sponsored by Proctor and Gamble and won by Miss B. Doubleday.



Miss B. Doubleday, winner of the Proctor and Gamble prize, discussing her clinical presentation with Mr. A. D. Robinson

The Library of the Guy's Hospital Physical Society, 1775–1825. Part 3

by **Andrew Baster**

Where was the new room for the library? There seems no reason to doubt that it was where it was in 1852, and indeed in 1902, after which it moved into the new Wills Library; that is, at the northern end of Cornelius Ward, near the Old Chemical Theatre where the Society held its meetings (see Cameron, *Mr. Guy's Hospital,* p.199, and the map of the hospital in 1889 on p.259). There are no records of its moving up to 1825, and a visitor to a meeting of the Society in 1840 fortunately for us happened to examine 'some certificates, which hung in the lobby between the library and the medical theatre' (*Medical Times*, June 6, 1840). It would have been convenient to have the library next to the lecture theatre.

Four years later, in 1811, there was another report on the library, in which the following books were found to be missing:

> '41 Latin authors to which no price could be affixed
> 129 numbers constituting the whole or part of different works valued at £82 4s. 6d.
> Books admitted by the depy Librarn to have been issued by him for which he is responsible £30 3s. 6d.
> 2 numbers of Thorntons Botany at present in the hands of the Secry'

The report was presented on February 7, and on March 16 Stocker resigned as librarian. Later he tried to resign as a president, but this was refused. On March 21 the committee, which included two of the original authors of the report, resolved that he should pay for or replace 'all such Books as can be proved to have been entrusted to his care'. It must have been when this resolution of the committee was read to the Society that Babington stood up and made a most able and sympathetic speech:

> 'Dr. Babington observed that he was inclined to think that the defects in the Library might be made good by a much more easy & mild method than that which had been proposed by the committee – he lamented in common with every other gentleman that any loss of this kind shou'd have occurr'd & much more that it shou'd have produced so unpleasant a sensation in the Society – he had himself attended the Societys Meetings for 30 years back & it wou'd be strange indeed if during that time there shou'd not be some deficiences in the Library – those who knew how ill it had been accommodated in former times wou'd feel grateful to Mr. Stocker for the pains he had at different times taken to preserve the Library, wou'd rather pass a vote of thanks to that Gentleman than a vote of censure much less attach responsibility to an office which had been as it were saddled upon him . . . he himself had held the situation & for aught he knew some of this might have happened in his time he was therefore ready to take a share of the blame . . .'

Dr. Babington proposed that the sub-committee of three should be enlarged to twelve, which was done (among its members were himself, Dr. Curry, and Dr. Marcet). The revised committee proposed that the honorary members should contribute £50 among themselves, which Dr. Curry would spend on the books he thought best. A subscription list was accordingly to be put up at Cox's. Concerning the library the committee noted:

> 'that it is thought material for the future security of the Library that the care of it shou'd be confined to one person & that person adequately recompensed & made responsible accordingly.'

Mr. Cox offered to take on the responsibility for the books. This was a matter for the Treasurer, presumably because it was a question of someone outside the hospital having the only keys to bookcases inside the hospital. Accordingly a deputation went to see him, which must have been successful, for in January, 1812 we are told that only Mr. Cox had access to the library, and in February he was 'put into possession'. Although in the minutes Stocker is down as librarian for the 1811–12 session, it seems likely that Cox was already beginning to act as such (he is in the minutes as librarian from May, 1812). In December, 1811 he signs himself as librarian in a letter written to the secretary about a matter arising from the subscription list. The list had been taken down, and one of the original authors of the report had accused George Johnson of ordering this. The secretary indignantly wrote to Mr. Cox, and received the following reply:

> 'Sir, St. Thomas's St 23 Decr 1811
>
> It was originally on your authority that the List of Subscriptions for replacing the lost Books of the Physl Socy was placed in the Shop – it remain'd here about ten days when the Treasurer of Guy's Hospital (accidentally calling in) said 'he saw no utility in having the List thus exposed' & expressed a wish that it might be removed in compliance thereto (without any further authority) it was *immediately* taken down – Mr. Ferguson enquired of my Mother on Saturday last on what grounds by whose order had the paper been removed? to which she replied – *that it had been done in consequence of what the Treasurer had said* but no person has been informed that the act was committed from any directions given by you
>
> I am Sir &c B Cox Libn

This incident is really only important as showing definitely that one member of the bookselling family was librarian, and for giving the initial of his first name.

As Mr. Cox had become librarian, there was no deputy; and the librarian was no longer treasurer (Stocker continued as treasurer). It is really from this time that the librarian becomes the person in charge of the books and nothing else. There were now too many books, and they were too valuable, for someone to be made only casually responsible for them (after 1816 the library was insured for £1,000 p.a.) Mr. Cox left the 'remuneration as heretofore to the liberality of the Socy' and the compliment of 15 guineas

was paid afterwards as regularly as it had been before. At some period, perhaps about now, or when Mr. Cox left and was replaced by Mr. Simmonds, certainly before 1820 when it appears in the *Laws* (copy in the Wills) the librarian was required to attend daily 'from eleven o'clock till two p.m.': in other words, the library was becoming more accessible (though this does not mean that the cases were unlocked). Finally, in most of the following years it appears that for one reason or another a small sub-committee was usually elected to deal with the library, either to supervise it, or supervise the printing of a new catalogue. For example, in November 1816 the committee resolved that 'a corrected Catalogue of the Library shou'd be publish'd as speedily as possible and that Messrs Stocker, Callaway & South shou'd be appointed a sub-comee to superintend to the same.' South is John Flint South, of the *Memoirs* and St. Thomas's; Callaway is the future assistant surgeon of Guy's rather lightly treated by Wilks, and Stocker is either the ex-librarian, or one of his sons, a future librarian.

One of the Stockers is librarian for the session 1815–16. Mr. Cox had left, perhaps to help in the family business (if, as seems likely, he was the 'Son' of 'Cox and Son', which was added in 1815). In May, 1816, a Mr. Simmonds was appointed librarian; he stayed until May, 1820. Nothing is known about him except that the only shelf list of the library which exists is dated from his librarianship (1817; in the Wills). He was called up before the committee in December, 1817 for allowing a dissertation to be lost which Mr. Stocker had put there, he said, without his knowledge. In October, 1820, the committee recommended:

> 'that 5 Guineas shou'd be presented to Mr. Simmons for his services as Librarian since his Fathers decease and that Mr. R. Stocker who has officiated in that situation since the defection of Mr. Simmons be requested to continue in that office.'

The committee must have been using 'defection' in an unusual way. 'R. Stocker' is Richard Stocker junr, presumably one of Richard Stocker's sons, who was librarian until May, 1824.

During Mr. Simmond's librarianship, the Society had been in difficulties with its members and its finances. It tried various experiments with raising and lowering admission money, finally settling for 2 guineas admission money and the abolition of the subscription. Few books seem to have been bought during this time (to judge from the list of proposed books, the Society bought most books round the turn of the century: in 1800–01, which has the highest total, more than 120 books were proposed, if not bought. This impression is confirmed by the totals in the catalogues). In April, 1818, the Society received a letter, presumably an application, 'on the subject of periodical publications but has ascertained that the present state of the Society's Funds will not admit of it'. However, in 1820 there was another library report (one member of the committee that prepared it being Edward Grainger, the anatomist) which began by congratulating the Society 'on the improved state of its funds,' and continued:

> 'a considerable part of the Money spent on the Library has been in Book binding which from the state of the funds during the preceding

Sessions had been unavoidably postponed we think it our Duty to state that the Books have been bound in a superior style to that formely adopted at nearly one half the expence.'

This may mean that the Society had stopped using Cox as a binder. The committee regretted that several books had been 'at different times lost' but hoped that 'a more regular manner of keeping accounts & of doing business in the Library will prevent such accidents in future.'

A subcommittee was appointed in 1823 to print a new catalogue; in the beginning of September they reported that they had got as far as the letter B; by the end of the month they were at G. The catalogue was probably printed at the beginning of 1824 (though dated 1823, it has an addendum for 1824); there is no printer's name on it. There is a copy in the British Library and an interleaved copy in the Wills. The catalogue shows that the library now contained over 820 titles. For the first time, next to the book's title is its number on the shelf; in theory, therefore, it was possible for the reader to go directly to the shelf though in practice this was probably not done. The previous catalogues only numbered the books in their alphabetic sequence, though it is just possible they were also shelved in some similar way. The revision of the catalogue, incidentally, brought some overdue books to the notice of the committee, and we find that Dr. Addison had four books overdue, among them a volume of Alexander Humboldt, either from his *Travels to the equinoctial regions of the new continent* (the first three volumes only) or his *Researches concerning the . . . ancient inhabitants of America* both of which were, and are, in the library.

In May, 1824, Richard Stocker junr was replaced by Henry Blenkarne, who had been a member of the Society since October, 1820, and who had been one of the subcommittee responsible for the 1823 catalogue. He was re-elected the following year; the other officers of the Society were also appointed; but the last minute book for this period then comes to an end, and the next book opens with a meeting in October 1835. The volume or volumes for the ten years in between is missing, and the Society itself was radically reorganised in 1829 (see the *London Medical Gazette*, 1830, **5**, pp 91–2).

Guy's Evelina Children's Hospital Appeal

by Michael Joseph

Progress Report

I would like to quote from a touching letter we have recently received from an ex-patient, who lives in London SE12:

"Your letter in Health Focus newspaper brought back memories to me. I attended your hospital when my sister was a child. She is now 87 years old and I am 90 years. I am enclosing £10 towards your hospital. Hoping it will help."

This is an admirable and heart-warming example for all *Gazette* readers to follow.

We warmly thank those who have already responded to the Evelina Appeal. We have a long way to go, but with your practical help, however modest, we are making progress every week. And so please contribute to the rising curve of our graph.

Halfpennies for Guy's

At the end of this year the halfpenny is going to be withdrawn from circulation. You can help to speed up the operation by collecting them for the Evelina Appeal. Persuade your family, friends, schools and institutions to join in this venture to swell our funds. Place a large jar in your hall as a reminder to yourselves and visitors.

There are more than 2,500 million halfpennies in circulation, at least £12,500,000. It has been reckoned that six hundred million have disappeared entirely (how has this been discovered, one wonders). Perhaps some of our readers have drawerfuls; perhaps a search in the sides of your sofa will bring to the surface some of the missing treasure? Get busy with your metal detector and join the halfpenny hunt!

Visit from Olympic Gold Medallist

Duncan Goodhew, the Olympic swimmer, kindly agreed to visit the wards of the Evelina Children's Hospital on 15th February. He was warmly greeted by everyone, starting with a special welcome banner at the entrance

Duncan Goodhew visits the Evelina Children's Hospital

to Rothschild Ward. Duncan brought with him some badges and photographs showing himself in action, which he signed and gave liberally to all who held out their hands!

He chatted with many children and nurses, showed great interest in the work of the Hospital and provided a memorable hour for all those who met him. Our grateful thanks go to Duncan Goodhew for sparing the time to visit us.

London Marathon Runner Helps The Appeal

I am pleased to report that Richard Solomons, a chartered quantity surveyor who lives in East Finchley, has agreed to pledge himself to benefit Guy's Evelina Children's Hospital in the fourth London Marathon (on 13th May). Judging from his past record, Richard, who runs for Highgate Harriers, should have no problems; last year he finished the 26 miles among the first 1,000 out of a field of 18,000 runners, with a time of 2 hours 46 minutes.

"This year," Richard said, "I am just aiming to finish and raise as much as I can." At the moment Richard is running to work in town, a good seven miles across Hampstead Heath. "It gets the miles in without taking up too much of the time in the evenings," he said.

Richard is looking for further sponsorship. If any *Gazette* reader would like to help the Evelina Appeal by sponsoring Richard, he can be contacted on 346 1934 (evening) or 486 4622 (day). His address is 35 Sylvester Road, East Finchley, London N2 8HN. If the thought of "reckoning up" after the Marathon is a deterrent, sponsors might like to send him a donation, cheques payable to Evelina Children's Hospital Fund – Special Trustees. Any sponsorship support would be most welcome.

407 Art Club

Reported by Lomax

From March 19-23, the 407 Art Club showed pottery by Jane Gibson and paintings by Peter Schurr and Roy Spector.

Jane Gibson's pottery represents the fruit of last year's work. She started potting at evening classes in 1975. Since then her interest and skill have grown. In the past three years she has exhibited at the Wycroft Fair, several church bazaars and three times for the 407 Club. Clay is not cheap and Jane Gibson makes many pots. Recently, however, she has begun to recoup the cost in sales. Many of her thirty-four exhibits were already sold. Particularly beautiful – and popular – were three teapots in the Chung Dynasty style. She has also managed to perfect a technique of printing newstype onto clay. For example one vase carried extracts of *The Guardian* - Posy Simmonds, "News in Brief", etc. Jane Gibson represents many styles and trends: thrown clay, moulded clay, sculpted clay.

Peter Schurr, too, is eclectic in his style, using both pen and wash and pencil, but mostly oils. The paintings at this exhibition range from the fine

monasteries of Ladakh in Tibet painted in brilliant colours, or the scrub in Australia to Cézanne-like views of south-western France and, nearer home, of Dulwich Village. This is a selection of Peter Schurr's many holiday paintings reworked at home from photographs. However, his artistic talents are not confined to painting. He has also made and plays a harpsicord and a clavicord.

Apart from two paintings of Cancale in Brittany and Ibadan in Nigeria, Roy Spector's watercolours centre on the metropolis: Herne Hill, Bayswater and Chislehurst. But it was the Nigerian ferns in the style of Rousseau and the view of the sea at Cancale which I most liked. The fresh, bright colours and deliberate style would make this a fine illustration for a children's book

Dental Society Clinical Day 1984

Report by David Brown

The annual clinical meeting of the Guy's Hospital Dental Society always takes place on the first Saturday in March, independent of whether there is an international match at Twickenham. In the past attendance at this meeting has often been related to such additional attractions, but despite no match this year some 800 Guy's men and their families came back to see what was new. Amongst these Guy's men and women we were pleased to see a number of Royal men and women, come to see what the merger had

done and to assess and embrace their new heritage. Their first impressions must have been most favourable, for not only were the scientific and technical demonstrations well up to scratch, but the Tower foyer was looking a bit like the Chelsea Flower Show with the arrival of an 'instant garden', believed to be really intended for the impending visit of a visiting Royal rather than the 'Royal' visitors.

Clinical Day is master-minded by the Sub-Dean of Dental Studies, and Dr. Stephen Challacombe is to be congratulated on his organisation and in engendering the committed co-operation of the student members of the Dental Society Committee. All went smoothly and all visitors were treated to a feast of new ideas, equipment, materials and techniques laid on by members of all the Departments of the joint Guy's–Royal School. In fact, in several of these the degree of co-operation between departments on their disparate sites was particularly noteworthy. Clinical demonstrations were a feature in several departments and these attracted considerable interest; visitors could even be seen to be queueing to enjoy the relaxation brought about during relative analgesia! The co-operation between manufacturers of equipment and materials and the School was also evident. The endosonic endodontic units and their associated electronic apex locators were amongst some of the smaller items of equipment attracting attention, and the new Siemens surgery with its M1 computer-controlled chair and instrument console was the star amongst the larger pieces of equipment. New materials on show included a heavy and light-bodied polyether impression material, and several variations in the presentation and use of composite resins. For the first time, visitors were able to see in the mouth of student volunteers Class I and II restorations in an entirely novel, light-cured composite soon to be launched by ICI. These restorations had been *in situ* for up to 16 months and showed no signs of attrition or marginal failure.

The trade exhibitors received the usual enthusiastic attention, particularly those who were offering free samples of their wares. Fortunately, most of them knew what to expect from our visitors, and they only allowed their samples to trickle onto their stands rather than putting them all out at once. Even so, by lunchtime some were looking as if the locusts had landed.

Two further treats awaited our visitors. These were the two lectures in the Tower Theatre. In the afternoon, Professor R. A. Cawson gave his traditional entertaining and enlightening presentation 'Cases you have sent' to a capacity audience, and in the the morning they were treated to the third W. E. Herbert Memorial Lecture. This lecture was founded by a gift from Mrs. Joyce Herbert, whom everyone was pleased to see with us again this year, along with Mr. F. S. Warner and Emeritus Professor Emslie, and several of the consultants emeriti. This year's lecture, 'Full Steam Ahead' was given by the Dean of Dental Studies, Professor W. J. Tulley. In his lecture the Dean reminded the audience of Guy's and Royal men and women of Professor Herbert's far-sighted view of the future of dental education, and he indicated how the merger was helping us to move towards the ideals set out by Professor Herbert all those years ago. The Dean emphasised the role of the part-time teachers who come in from practice and he even suggested that

they might come on an honorary basis in the future if funding continued to be a problem. Although funding was always going to be a challenge, the Dean hoped that in the foreseeable future the course would be extended by two terms to five years. The continuing development of the joint School's postgraduate role was anticipated, and the success in obtaining a new lectureship in pain control and sedation was welcomed. He saw the new School as a ship, whose progress through the seas relied upon good navigation and a team effort. He hoped, as Professor Herbert had done, that whatever happened during the voyage of the new 'ship' that at the centre there would always exist a good caring approach to our patients. The Dean then concluded his lecture with a tribute to Professor Herbert's former secretary, Miss P. M. Sheehy, who was still helping the Dean in his navigation of the uncharted sea of curriculum reform. After the lecture Mrs. Herbert received a bouquet of flowers and expressed her thanks to Professor Tulley and her good wishes to all who had the responsibility of teaching and administering the new joint School.

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Bore Shock Horror!

If my excursions this month seem mainly biased towards photojournalism it is due to interference with my usual channels of information. Hopefully, they will resume again before they get out of prison in six months' time.

I understand that the Clubs' Union elections were a close run thing up to the final day of counting – which required postponement a couple of times to get the required number of votes. Not *one* of the elections was contested! Perhaps nothing could better display the doldrums into which the whole enterprise has fallen after the listless steering of the last few years.

At least the Boat Club managed to negotiate the Heads of the River without hitting a barge, even if not in amazingly good time. I understand that they now have such good boats that they spend much of the time being borrowed by other colleges.

Springtime in Paris and a young (well, fairly) man's fancy turns to thoughts of . . . but *"Hey boys, they said no!"*

I hear the *Observer* wanted to charge the *Gazette* – a registered charity – £10 for the privilege of reproducing Hillmore's ill-considered diatribe against the Hospital. Perhaps what *Private Eye* says of him is true? Meanwhile, in the internal debates, the mysterious figures of C.L.A.M.P. stand poised to put pen to paper, if their arthritis permits.

I've heard of backwards curb diving but forwards step diving is a new departure. I hear Joyce was not pleased.

The mystery of the missing megaserial seems to have excited correspondence to the *Gazette*– it's about time something did! The only question I feel needs an answer is will the enterprise be refloated with a different crew?

Behold the famous *'Penetrators'* XV who are having such a successful season – showing the parts by which they are best known throughout the Hospital. It reminds me that the *Gazette* has not recently renewed its famous caption competition. How about *"Spot the Ball"?*

Seeing the assembled masses of the rugby club reunion effectively blocking passage to the bar – congregating in its surroundings like bison to a water hole – reminded me inevitably of the Drones Club Fat Uncles' Handicap. I had better not suggest a winner for the Earl of Blicester's vacant title – besides, it might have been too close to call!

The aptness of nicknames can usually be judged by the efforts people take to avoid a particularly choice one. But surely the Great Gonzo is going a bit too far?

I hear nothing but praise for the recent production of *'My Fair Lady'*, so I won't talk about it!

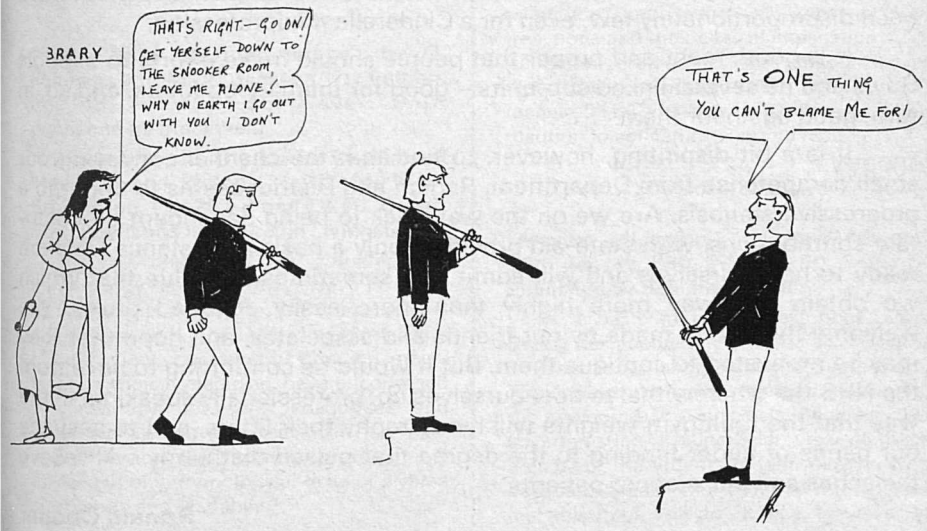
The past v. present second game was made immortal at the expense of one rather embarrassed dentist, who was robbed of the ball when walking behind the posts, confident of his try. It would be cruel to mention names, but I'm sure he'll sing out.

I understand that the *Gazette's "Welsh Correspondent"* must have had a change of nationality, probably in response to the traditional hospitality extended to guests of the Society. I understand next year promises to be even more convivial – perhaps the home side will manage to rise to the occasion this time!

I see the President's initials are J. R. Is this significant?

I see the future joint Editor of the *Gazette* is already donning sackcloth and ashes to take up his new post. Let's hope he does not deliver a load of old rubbish! (*This column will now cease –Ed.).*

Eugene Bore


BRARY
THAT'S RIGHT—GO ON! GET YERSELF DOWN TO THE SNOOKER ROOM, LEAVE ME ALONE!— WHY ON EARTH I GO OUT WITH YOU I DON'T KNOW.
THAT'S ONE THING YOU CAN'T BLAME ME FOR!

Physiotherapy

One mid-March evening, the main treatment room in the physiotherapy department was the venue for a party to celebrate the ceremonial opening of that butch, megalithic multigym, and the gift of a more discreet, but throbbing, diathermy machine. These pieces of hardware were bought as the result of some hard swimming and some soft sponsorship by generous people, both within Guy's and outside. Altogether, they raised nearly £8,000, and a large proportion of that was directed towards us. If we were the big spenders, Price Waterhouse were the big contributors, and their London office director presided over the informal cork-pulling and the formal ribbon-cutting. Grindlay's Bank, the local Nat West branch and our own Guy's swimmers all attracted substantial donations, and joined with equal enthusiasm in the degustation of the PW food and drink.

It made one reflect on the goodwill of individuals and firms such as had been the source of Guy's income in pre-NHS days. Then, as now, local people and local businesses saw the aptness and desirability of supporting the local hospital, enabling others, not necessarily less well-endowed than themselves, to benefit from its ministrations.

Guy's physiotherapy department would win few medals if it were judged by its equipment and furnishings alone, and fewer still if the presents made to us by our friends over the years were to be omitted. Visits to schools and associated departments outside the capital leave one amazed at the range, the quality and the quantity of material goodies that they possess and the premises in which they are housed. If London had had an unfair share of the cake before R.A.W.P. got at us, the crumbs that fell our way must have been disproportionately few, even for a Cinderella miniprofession.

It is good, meet and proper that people should make efforts to support Guy's and its several linked sub-units – good for them, good for us, and so, in turn, good again for them.

It is a bit dispiriting, however, to find that the channel conveying our small competence from Department, Region and District seems to undergo a progressive stenosis. Are we on the way back to being dependent on voluntary contributions, with state-aid providing only a basic subsistence? We are ready to help ourselves and will admit that sometimes we value that which we obtain this way more highly than more easily acquired prizes. We welcome the efforts made by our friends and associates, and hope that they may be motivated to continue them. But it would be comforting to have from the NHS the wherewithal to beef ourselves up, professionally speaking, in the way that the multigym weights will hypertrophy their lifters, and to assuage our pangs of under-funding to the degree that pulsed diathermy will relieve the aches and pains of our patients.

Ronald Cooper

Book Reviews

"Anxiety and Depression – A Practical Guide to Recovery" by Robert Priest. 1st Edition, pp.124. Price £2.95. Cover: Soft. Published by Dunitz.

This book by Professor Priest is intended for those suffering from anxiety and depression and for their relatives and friends. It is written in clear, non-jargonistic language and is illustrated with photographs, tables and graphs. Generally speaking, I think that patients and their relatives will find this book helpful.

I have a few reservations. Priest's classifications of depression into 'endogenous' and 'reactive' is old fashioned and, in my view, confusing. In particular he appears to perpetuate the myth that 'endogenous' depression does not bear a relationship to events or 'causes'. I also found the section on psychotherapy limiting. For example, readers may well come away with the idea that psychotherapy equals psychoanalysis. However, there is much to commend here, not least the effort to inform the general public. With this in mind, I think it would have been helpful to include some suggestions for further reading, as well as the self-help and professional organisations that are listed.

B. K. ROSEN
Consultant Psychiatrist.

"The Chain of Immunology" by G. Feinberg and M. A. Jackson. 1st Edition. Pp. 48. Price £4.95. Cover: Soft. published by Blackwell.

"Immunology: An Outline for Students of Medicine and Biology" by D. M. Weir. 5th Edition. Pp. 255. Price £4.50. Cover: Soft. Published by Churchill Livingstone.

The first reading of any contemporary immunology textbook may prove to be a daunting experience for the hard-pressed medical student. The increasing complexity of the subject coupled to its growing importance in clinical medicine, have encouraged a conspiracy between pedagogues and publishers which has led over the past decade to the spewing forth of a veritable avalanche of immunological texts of diverse size, scope and readability.

Professor Feinstein in his new book assumes the guise of good-humoured, honest broker of immunology. The heart of his production is a single table attached to the book cover and unfolding to a length of almost six feet. This depicts successively the cellular components of the immune system, their interactions with antigen and co-operation between themselves, the consequent production of immune effector molecules and the possible pathological consequences of these responses. The explanatory text covers only 43 pages, is clearly and lightly written, and covers considerable factual ground. Some may find this condensed pabulum quite indigestible, but for those with a dominant visual sense, it may provide an enlightening introduction or a useful text for revision. Test your reaction in the Wills library.

Dr. Weir is a less light-hearted and more thorough mentor. His book is an established introductory text to immunology written specifically for medical students and first published in 1970. This new 5th edition has an expanded section on basic immunology and a second section dealing with clinical aspects of the immune response. The writing is rather turgid in parts and the illustrations are neither abundant nor eye-catching; however, a thorough reading of this book will reward you with a very adequate knowledge of immunological reactions and their clinical implications. The tabulated prelude to each chapter which lists the knowledge you should have acquired by its end, provides a timely caution to concentrate as you read.

S. COHEN
Professor of Chemical Pathology

"Mayes' Midwifery" by Betty Sweet, 10th edn. Pp 630. Price £9.50. Cover S. Published by Balliere Tindall.

As a basic midwifery text book, Miss Sweet has adequately covered all the areas of pregnancy, labour and the puerperium. The additional chapters on family planning, the newborn baby and Social Services, give an interesting, if superficial, view of these areas. For the ardent student midwife who desires a deeper knowledge of midwifery, I feel this book will not suffice. However, it

will give her enough knowledge to pass her final midwifery paper.

R. WILCOX,
Nursing Officer.

"Medical Microbiology" Ed. by Milgram and Flanagan, 1st edn. Pp. 748. Price £18.00. Cover H. Published by Churchill Livingstone.

This book has the advantage that all of medical microbiology is contained in one volume. It covers immunology as well as viruses, bacteria, chlamydia, rickettsia, protozoa, fungi, plus a chapter on metazoan parasites. It is not burdened with too much unnecessary material, the authors being experienced teachers, and it is, on the whole, well produced.

Although nowadays many students have a notable lack of interest in history, this reviewer was pleased to see the opening chapter on the History of Microbiology. There are also the necessary chapters on basic virology and bacteriology and a useful chapter on the laboratory diagnosis of infectious diseases. Chemotherapy and antibiotics are dealt with rather briefly.

It is always possible to make minor criticisms, such as the failure to mention the antiviral potential of NK cells, or the failure to refer to acyclovir, one of the most effective antivirals, but the book is for the most part reliable and up to date and, in spite of multiple authorship, well written.

The authors are aware that there are many excellent text books of medical microbiology and that it takes courage to produce one more. For the medical student this one is no worse and possibly, in some ways, slightly better than others. It is, however, larger and more expensive than the basic text we recommend for our medical students. Nevertheless I hope it will be successful, and that we shall see a new edition in a few years time.

C. A. MIMS,
Professor, Department of Microbiology.

"Obstetric and Gynaecological Nursing" by R. Railey and J. Grayson, 3rd edn. Pp. 376. Price £3.50. Cover S. Published by Ballière Tindall.

An excellent book for the student nurse undertaking the Maternity Care and Care of the Newborn Secondment and her Gynaecological Placement.

The format is clear and approachable – each subject is discussed with clarity and simplicity, with an excellent, easy to read text and simple, informative diagrams.

The future reading suggestions would be helpful to any nurse wishing to extend her knowledge.

My only criticism is of the use of the word 'patient' in the Obstetric Section, as it is generally recognised in modern day obstetrics that the use of 'patient' gives a wrong impression of the relationship of the woman to both her care and her relationship with the midwife.

Apart from that – this is an excellent book.

Senior Tutor,
School of Midwifery.

"Anaesthesia in Midwifery" by Ruth Bevis. 1st Edn. Pp. 171. Price £5.50 Cover S. Published by Ballière Tindall.

This book fills a gap in midwifery training and practice providing a comprehensive text on obstetric anaesthesia and analgesia by an experienced midwife. It is suitable for both students and trained midwives.

The background information on anaesthetics and analgesics makes an interesting introduction, and details of basic anaesthetic equipment is comprehensive and helpful. Each chapter, covering such topics as drugs, obstetric analgesia, nursing responsibilities, problems encountered in obstetric anaesthesia and obstetric analgesia, is clearly and concisely presented and illustrated by simple diagrams and drawings.

The chapter on resuscitation of the newborn will be particularly helpful and the suggested further reading makes this a very useful source book for those interested in learning more about obstetric anaesthesia and analgesia.

Its clear print and simple format makes it an easy book to read.

Senior Tutor,
School of Midwifery.

"A Short Textbook of Medical Microbiology" by D. L. Turk, I. A. Porter, B. I. Duerden and T. M. S. Reid. 5th edn. Pp 362. Price £5.45. Cover S. Published by Hodder and Stoughton.

Previous editions of this book have been recommended as essential reading for students during their block pathology course and this fifth edition is also on the reading list. The book contains sections on

Bacteriology, Virology, Mycology and Parasitology – all a student needs to know to pass the microbiology part of the pathology examination. All this information is contained in a manageable number of pages containing up to date facts in an easy to read format. Along with the microbiology are sections on basic immunology and the host's response to infectious agents. It must be remembered that this book is a short textbook of medical microbiology and so much of the information is not detailed and the student may need to look at more specialised texts. Having said that, this book is to be recommended as the majority of students only wish to absorb enough information to pass an examination and this text fulfills that need.

D. J. McCANCE,
Department of Microbiology.

"Ballière's Midwives' Dictionary" by Margaret Adams. 7th Edition. £2.50, Pp. 346. Cover S. Published by Ballière Tindall.

Another good pocket dictionary from Balliere. In the main, the aspects of word usage and comprehension are much improved. The illustrations are simple, explanatory and very clear. It is a useful pocket book for checking basic facts. However, the best feature of the book, I feel, is the appendix. Here we are treated to a clear and systematic explanation of the N.H.S. – no easy task! – from the 1918 Midwives' Act through to the 1982 N.H.S. structure. There are appendices on Community Midwifery Services, normal blood and urine values, SI units, normal and abnormal obstetrics, five sections on the neonate, plus a most useful section on recent publications. All in all for the price, it is a very comprehensive and useful book for anyone interested in midwifery.

ROSEMARY WILCOX,
Nursing Officer, Delivery Suite.

"Paediatric Nursing", by B. F. Weller and S. Barlow. 6th Edition. Pp. 415, price £3.50. Published by Ballière Tindall. Cover S.

'Paediatric Nursing', often referred to as 'Duncombe and Weller', has become well known in paediatric circles over the last twenty years and has helped many generations of students to learn about sick children. It has now undergone a major revision and Sheila Barlow has joined Barbara Weller as co-author.

The new edition is divided into two sections. Part 1 discusses the basic principles of paediatric nursing under the headings – normal development of the healthy child, the newborn, the infant at risk and the needs of the sick child. It maintains its essentially practical nature by, for example, following each stage in child development with a few paragraphs on 'Developmental considerations for nursing care and play activities.' An important and useful addition is the section on 'The Nursing Process and sick children', which includes an example of a nursing care plan.

Part 2 takes a systems based, problem solving approach to the nursing care needed for the conditions which occur in childhood. The explanations of the nursing actions described are particularly good and should prove useful to the reader, as will some of the tables.

The appendices – "Useful Addresses" and "Normal Values and Conversion Tables" have been revised and two new appendices included – "Prevention of Accidents" and "Toy Libraries Association".

In addition to the extra material and change of presentation, new diagrams and photographs have been incorporated. The general layout of the book has been improved by the use of larger print and better spacing, which makes it easier to read.

At the modest price of £3.50, "Paediatric Nursing" would be a useful textbook for student nurses whilst undertaking their paediatric experience, and also as an introduction to sick children's nursing for post-registered nurses embarking on an R.S.C.N. course.

S. A. NUNNEY,
Paediatric Nursing Tutor.

"Guide to Hospital Security" by John E. Nichols. Pp. 158. Price £13.50. Published by Gower.

John Nichols' book "Guide to Hospital Security" is, undoubtedly, the result of much research into this very involved subject and of the experience he has gained as the Security Officer at Charing Cross Hospital.

He covers all aspects in great detail, leaving the reader in no doubt as to what is needed to make a hospital as secure as possible bearing in mind all factors that have to be considered.

Having said that, I do feel that his comments regarding contract security tend to give the impression that perhaps it would be better not to give this option any further consideration. In particular his comments in Chapter 2: "The ineradicable viewing of contract security staff as outsiders works so powerfully against the formation of sound relationships that even the best of them must do their work under a handicap," are so forceful, yet given the right circumstances, not necessarily totally accurate. I am sure that where there is a good managerial staff in post, and the contract team are regularly employed it is possible for them to become accepted as part of the "hospital family".

This criticism apart, I think the book, provided it is read with the first word of the title very much in mind, would be a valuable asset on the book shelves of all Hospital Administrators and Security Officers.

W. E. EAST,
Security Officer.

"Oral Microbiology and Infectious Disease", Price £19.95, edited by George S. Schuster. Second Student Edition. Pp. 450. Price £19.95. Cover S. Published by Williams and Wilkins.

This is the second edition of the well known and comprehensive text book on oral microbiology and infectious disease. The original was published some 25 years ago and was essentially used as a reference book by many generations of students, and others with an interest in microbiology. Some 5 years ago a shortened student edition of the text book was produced. In this edition multiple authors have been used for the first time and the book has been considerably altered.

At under £20.00 for 450 pages it represents reasonable value. The title is perhaps slightly misleading since only 4 of the 46 chapters are concerned with oral microbiology.

The objectives of this book are to give a sound background in the principles of microbiology and in addition the principles of systemic infectious diseases. As such it is therefore not limited to oral diseases or indeed oral microbiology, although I assume that it is aimed primarily at dental students. It is some 450 pages long, containing 46 chapters which are divided into 8 separate sections.

The first two sections are on the classification and the molecular biology of organisms. The dental student may find these rather too detailed, but are of value for reference. The third section on control of micro-organisms contains two useful chapters on sterilisation and disinfection, and anti-microbial chemotherapy. The fourth section covers essentially the host-parasite relationships and immunology, but the student may find that this aspect is covered more comprehensively in other text books.

After the four chapters on oral microbiology there are 15 chapters on organisms and their diseases, ranging from streptococci and streptococcal infections to rickettisae and chlamydiae. One chapter on mycotic infections is followed by a further 12 chapters on virology and the viral infections. For maximum benefit the student would need to be selective; there are some chapters, such as those on viral hepatitis, which are particularly useful and others on, for instance, arthropod borne togaviruses which they may find less essential in their course.

This, then, is a comprehensive book which many students will find more useful as a reference book than a handbook of microbiology.

The students will find nearly all that they need to know about detailed microbiology in this book and as such it will prove useful for those taking the B.D.S. part I or any other microbiology exam. The chapters are well referenced and the index is well laid out. Overall the book has a slightly old fashioned look about it perhaps because some of the pictures are derived from the original editions and because the print is slightly small. Nevertheless it can be recommended as good value for its price and is likely to prove a useful book to students and staff alike; though I suspect they would have preferred to swop the information that the plague has been on Hawaii since 1899, with some more modern information about Haitii and AIDS.

S. J. CHALLACOMBE,
Senior Lecturer,
Department of Oral Immunology
and Microbiology.

Correspondence

The Guy's Story: A Continuing Saga?

Dear Sir,

Many of your readers will be concerned, as I was, by the absence from your current issue of the second chapter of Dr. David Stafford-Clark's "Personality of a Hospital" and their concern will be that much greater in view of your cryptic statement in Passim (4th February) about a dispute between the Editorial Board of the project and the author.

The *Gazette* is read all over the world and by many who have no other access to information about Guy's. I am sure I speak for others in requesting some clarification of what sounds like a very distressing state of affairs.

Yours faithfully,

T. M. L. PRICE

18 Blackheath Park,
London, SE3 9RP

Dear Sir,

I very much enjoyed reading Dr. Stafford-Clark's first chapter of 'The Guy's Story: Personality of a Hospital'. I was, therefore, disappointed not to see the second chapter in the March issue of the *Gazette,* and am hastening to seek assurance that the subsequent three chapters will be forthcoming. They must have entailed a lot of work and research, and it would be a great pity if Guy's men and women were denied the pleasure of reading this period of Guy's History.

Yours sincerely,

MICHAEL JOSEPH

Department of Paediatrics

Dear Sir,

What has happened to "The Guy's Story"? To my intense disappointment it was not continued in the March issue of the *Gazette* and I am sure that all old Guy's men must have felt as I did. When I looked back to "Passim" of the February number of the *Gazette* which included the somewhat mysterious and forbidding statement that "The Guy's Story will not be published as planned consequent to a dispute between the Editorial Board of the project and the author" this seemed to strike rather a sinister note.

I also question the value of publishing only the first four completed chapters (quoting again from the same Passim), this would surely just "whet one's appetite."

I cannot believe that we are going to be denied the pleasure and undoubted historical value of the logical successor to the previous and to me, precious books, on our old *Alma Mater*. In Dr. Cameron's acknowledgements to his great book "Mr Guy's Hospital" there are many acknowledgements to just men, but in the context of this letter two stand out.

Firstly "Mr. Burfoot not only gave me accommodation in his office but unfailingly produced from the depth of the strong room every record which I wished to consult", and finally Dr. Cameron concluded "For more than 60 years without a break the Guy's *Gazette* has been a faithful reporter and commentator on the changing scene".

I am sure that the *Gazette* will live up to its reputation and I am certain I don't speak for myself only in saying that old and not so old Guy's men would welcome the opportunity if necessary to subsribe to the full completion of the Guy's Story.

Yours sincerely

DONALD N. LEEMING

27A Grosvenor Road,
Southport,
Lancs.

Wag Mag Apology

Dear Sir,

We are writing to you in connection with this year's Guy's Hopital Charities Week Magazine published earlier this month.

We have already written letters of apology to everyone who has complained about material contained in this publication and feel that we additionally owe an apology and explanation to all those associated with Guy's Hospital.

The *Wag Mag* was intended to be a light hearted way of raising money – but in retrospect we strongly regret any offence caused by racialist inclusions.

Without wishing to defend the use of "jokes" of such a racist and offensive nature, we would like to point out that their

use in the magazine was the result of indiscriminate editing rather than any political bias on the part of those who compiled the magazine. Furthermore, we feel that this "editorial blunder" would not have occurred but for the magazine editing having been, through a series of unfortunate misunderstandings, a very last minute affair.

In order to prevent such an occurrence in future years a set of Charities Week Magazine guidelines are currently being drawn up.

We are sorry to have caused any offence and would like to reassure those associated with the Hospital and the public that such errors will not occur again.

Yours faithfully,

THE EDITORS
Charities Magazine

Sport

INTRODUCTION

The recent onset of spring has ushered out the rugby and hockey seasons and we commence this prologue by wishing these clubs well on their end of season tours. The waterpolo club have already completed their tour and this was a roaring success by all (drunken) accounts.

Presently the association football second eleven deserve our heartiest congratulations for reaching the final of the U.L. Cup, where they were most unfortunate to fall to a goal in the dying minutes. In the last year, the football club have reversed the previous seasons misfortunes and have produced two teams of real quality. This bodes well for the future.

Guy's Rifle Club has been resurrected by a renewal of interest in the sport in the Hospital, and we wish them well in the coming months.

Finally, as the cricket season will be starting before the next issue it is to be hoped that events will match anticipation and the new cricket team performs to their utmost ability in a season where the team looks capable of winning the Hospitals' Cup, (for the first time in four years).

I close by wishing you all a Happy Easter.

W.Z.

GUY'S HOSPITAL R.F.C.

Hello again Rugger Fans! Apologies for the delay in bringing you up to date with the comings and goings of the 1st XV, but read on for some "Roy of the Rovers" style tales of victory and defeat. The tale beginning as far back as November when Guy's were honoured to play host to Nottingham for the first time in our history. A daunting task for the Hospital side indeed, but in traditional Guy's style it turned out to be an exceptional game. Nottingham, complete with 10 county players, started at a furious pace only to be foiled repeatedly by heroic Guy's tackling. The cracks eventually appeared and Nottingham exploited them fully to run out winners by 30-3. Allan Jones scored the Hospital's points in a game Guy's can be proud of. Nottingham left Guy's knowing they'd had a good game and looking forward to our visit to their ground next year.

After such an admirable display of tackling against Nottingham, Guy's chose Old Cranleighians to demonstrate their running and passing skills. A Trojan performance from the pack (yet again) saw the backs have a field day. The half-time lead of 10-0 hardly reflected Guy's dominance, but augured well for the second half. Maggs and Jones had tries in the first period, and, when Popplewell, Haley and Jones again scored in the second half, Guy's victory was emphatic. A final score then of 22-0 served only to show that when the goal kickers are off form, adventurous running is an admirable substitute.

On then to the Esher game in December. Traditionally this game is a real see-saw affair with either team capable of winning, but last year Guy's were emphatically beaten so we were looking to balance the books (*or see-saw, Ed.*). Things started poorly, however, when a mistake by Hogan on the blind-side flank led to an early Esher try. Guy's response was almost immediate – Hackett collected a kick on Guy's try line and set off down the left wing; all the backs were involved in a spectacular handling

move, and, ably supported by Conchie and King, the movement ended with Reece scoring between the posts. It was a brilliant try that served to rock Esher back on their heels, a blow from which they never recovered. Thus leading 6-4 at the turn around, the Hospital side improved throughout the game. Poole dropped a fine goal under pressure and Docker scored his first try of the season (long overdue considering how well he's been playing). A fine handling move amongst the forwards saw O'Connel score in the corner, and, with two conversions and a penalty from Hackett, Guy's were winners by 22-16. This was a performance which was characterised by Guy's determination and style, two traits very evident this season.

The game against Sidcup in January was marred by dreadful weather and injury. Snow, hail, rain and high winds were the order of the day, but Guy's still began with confidence and a certain degree of panache. A fine try early on from Popplewell saw Guy's dominant at 6-0. Tragedy struck at 25 minutes when Reece had to leave the field with a badly gashed leg. Sidcup, to their credit, immediately raised their game to exploit the Guy's team now at 14 men. A final score of 19-6 to Sidcup was unjust, but only served to highlight the folly of travelling without a substitute.

Coventry Extra 1st's visited H.O.P. early in February. This is another of those fixtures where Guy's usually perform admirably, but finish on the tail-end of a high score. Early on in the game it looked to be going that way when Coventry were quickly 15 points ahead. The Hospital side rallied superbly well and trailed 15-12 at half-time. These 12 points came from a try which Meharg scored from 60 yards out and two penalties and a conversion from Hackett. In the second half, Guy's battled well against the wind, but finally lost concentration and discipline for the last quarter to allow Coventry some easy scores. The final score of 37-12 did not do justice to Guy's early work, but serves as a good lesson in the damage done through lack of discipline.

The game against Guildford and Godalming on the eve of the Dental Ball was a stirring affair. Guildford's supporters certainly expected Guy's to be "easy meat", but they were soon silenced. Less than one minute after kick-off, Guy's were leading 3-0 through a penalty from Hackett. Guildford responded quickly with several penetrating attacks and were eventually rewarded with a try. Guy's were then subjected to repeated attacks which they did well to repel. On a rare foray into the Guildford half, Docker put Reece away for a fine try which saw Guy's lead 7-4 at half-time. Playing uphill in the second half, Guy's were again subjected to a Guildford siege, but try as they might they failed to cross the Hospital line. A further penalty from Hackett saw Guy's lead 10-4, but Guildford responded with a dropped goal and a penalty to draw the game at 10-10. A good defensive performance by Guy's this, with some brilliant tackling by Docker in particular.

A morning kick-off against Bromley was looked forward to with some trepidation by a Guy's side that seems to require the afternoon air for best results. The game was certainly shaping up like a debacle at half-time with Guy's trailing by 22-3. However, the afternoon air arrived early as Guy's came alive and ran in tries from Haley, Smith, Meharg and Reece. Coupled with Hackett's fine kicking and a penalty try, Guy's ran out winners by 29-22. Bromley were stunned, but totally outclassed, in the second half; one wonders what the score might have been had the afternoon air arrived even earlier!

Guy's finished February's games with a visit from Taunton, always a tough fixture this, and Guy's pack were surprised to outscrummage the heavier Taunton pack. Tragedy seemed to strike early in the game with the loss of Popplewell through a neck injury. Thankfully the injury was not too serious and, although Popplewell was unable to continue, his substitute, Dr. Challacombe, performed admirably. Taunton, however, managed some fine tries through strong running and committed support play. Trailing at half-time, Guy's raised their game for the second half and pressured Taunton well. Challacombe at the front and King at the back of the line were particularly effective. The Hospital's efforts were eventually rewarded with a five yard scrum which Rayer picked up and drove on the blind-side. Once tackled, he laid the ball back well for Hogan to pick up and drive over for a try which the side deserved. Hackett converted and added a penalty for a final score of 22-9 to Taunton.

This report would not be complete without reference to the Hospitals Cup match against Bart's. Traditionally, the cup side is depleted due to non-eligibility of

several of the Saturday side, but those players promoted to fill these gaps performed admirably. The huge crowd saw the game start at a furious pace with play seesawing (*what again? – Ed.*) from one 22 metre line to the other. Guy's were awarded three penalties which Hackett failed to convert, misses they were later to rue. Bart's had first blood when Dunn set up a driving back-row move, the ball was quickly fed to the backs who, by virtue of a slick miss-move in the centre, crossed Guy's line near the posts. Guy's, undaunted, fought back with spirit and reached half-time trailing 10-9. There was no reduction in pace for the second half, and Guy's were soon threatening the Bart's line. The pressure finally paid off when a deft handling move amongst the backs saw Reece beat two tackles before crossing near the corner to give Guy's the lead. The supporters now jubilant saw Guy's resist continuous pressure before Bart's levelled the score. Two more missed kicks from Guy's served only to prove that Lady Luck was favouring Bart's and they reinforced this with two tries late in the game. A final score then of 19-13 left Guy's subdued; however, they can be proud of their performance considering four of the regular pack were absent.

Final brief notes of interest. The 2nd XV are doing well due in the main to the efforts of Terry Gibson, Chris Howell and Lloyd Denmark. The exploits of these "young players" will be documented next month. Tour subscriptions are now due and should be handed to Nigel Poole as soon as possible.

Le Plat du Jour

MOUNTAINEERING CLUB – ANNUAL DINNER MEET

Twenty-nine members and their guests met in N. Wales in February for the Annual Dinner Meet. This was the largest gathering I know of and (I hope) much enjoyed by all. The weather was ideal and enabled good climbing and walking.

On the first day, the climbers went to Cwm Cneifon, where Adrian Hart, Hamish Gillespie, Ben Wyatt and Tom Humphries climbed Clogwyn Ddu (Right Hand Branch – III) (See front cover). Ian Paul, Yatin Young, and Stephen Gould climbed ice-falls in the cwm.

Everyone met in the Cobden's Hotel that evening for plenty of drink, food and stories but, inexplicably, no speeches! (A double dose next year?). The climbers went to the north-facing slopes of the Llanberis pass on the following day, to climb on excellent ice and snow. Ben and Adrian climbed Sinister Gully (II/III) while Hamish, Tom, Stephen and Ian climbed other ice pitches and Parsley Fern Gully (II).

Ben and Stephen have recently been to Scotland, climbing the 2,000 foot Tower Ridge on Ben Nevis. Unfortunately Ben twisted his knee in descent and the best conditions for Scottish winter climbing this season had to be forsaken.

I would like to thank everyone for coming on the Dinner Meet, especially the qualified members who generously contributed to the cost of the fun.

Ben Wyatt

A veritable Room 101, as a bearded demon with a head-torch frisks in amongst the confused mass of sleeping-bag coffinned bodies. Soon, amid general protests of the civilised, the ice-gods are stirring. The demon joins the other immortals over a cup of tea and unwakefulness is rapidly rejoined by the idle.

When you are looking for ice it is best to leave early. Enthusiasm is always more sparkling on the Saturday of a GHMC trip, which explains the fairly prompt departure of the men with the "Gear".

Later when the sun had risen many and varied people emerged from their state of pupation. Blinking at the surroundings previously witnessed only by moonlight, the most bizarre thing was discovering a CB, a Neil and a Dave – definitely unfamiliar.

Carnedd Moel Siabod was absolutely simpering in the sun – begging to be climbed. Barren, obviously, but curiously virginal too. The temptation was too much. It is a peak directly opposite N. London hut and is a proud 872m high. Setting off over the road, which enters Capel Curig from the South, the path was indistinct over gently-sloping marshy terrain. The obvious approach was then along the Western Ridge. The summit was reached after a very entertaining scramble over jumbled rock, on the top part of the W. Ridge. Carol (CB), Seema and Niro were inspired into a gazelle-like parody of the mountain goat, while the rams frolicked like kids.

Descending down a dramatic South ridge, a "mini" Crib Goch, passing a beauti-

ful lake with guardian gull, the cultural sites were a castle . . . and a disused slate quarry. The old track leading from the quarry was very welcome for tired legs and led straight back to Capel.

Tom Brink

BOAT CLUB

During the winter term, Boat Club training was directed towards preparation for the University Winter Regattas. The early outings were disappointing for the 1st VIII, but form began to pick up just before the University of London Regatta in late November. Confidence was lacking, but a solid row led to a two length victory over the London Hospital in the first heat. This was a fine platform upon which to build and resulted in the 1st VIII winning the UL Senior C competition for the first time in many seasons.

The Hospitals' Regatta took place on the following Wednesday and should have seen an easy victory for the 1st VIII. Guy's met The London and Bart's in the first heat, and, unfortunately, The London decided to continue a clash of blades that had commenced in the U.L. Regatta during the previous week. This allowed the Bart's crew clear water and the chance to snatch a victory. Further misfortune was to hit the 1st IV, which was also drawn against the London and Bart's. After a poor start, the crew came from a length behind to draw level and then slightly ahead of the other crews. At this point, equipment failure struck and the boat was left floating, crippled in the middle of the river.

The Men's 2nd VIII rowed well in the Novice category of both regattas, but, despite winning several heats, was unable to secure any 'silverware'. The Ladies' 1st VIII was also frustrated in its attempts to win in either regatta, but again performed well. Both crews possess much talent and, with some intensive coaching during the Spring Term, should look forward to success in the 'Heads' before Easter.

Due to an administrative hiccup, the Ladies' Novice VIII did not row in the U.L. Regatta and therefore approached the Hospitals' Regatta with no race experience. The crew, however, performed excellently and surprised themselves more than anyone else by winning all the heats and reaching the final. St. Mary's Ladies were firm favourites in the final, but Guy's confidently stormed to a two length victory.

A Men's Novice IV was also entered in both competitions and acquitted itself well, as did the two 'oldies' of the boat Club, Adrian James and Andy Williams in the Pairs competition of the UL Regatta. Despite the fact that this category always attracts some very experienced oarsmen, Andy and Adrian were unlucky not to reach the Final. Andy also rowed well as Guy's only representative in the sculls competition. As can be seen, the Winter Season was successful not only in terms of race victories, but also in the number of individuals involved in rowing. In the University Regattas, Guy's was represented by more than forty oarsmen and coxes.

Miles Ferrari

LADIES HOCKEY: Intercollegiate Cup Guy's 1st XI v. Q.M.C. 2nd XI Won 3-0

This was the first match of the season against Queen Mary College, at Honor Oak Park. In contrast to some of last season's matches, we actually had too many players turn up – 13 in all (is this a record?). Injuries were rife throughout the team, but Debbie was first to be wounded on the day. She fell into a hole at the end of the pitch whilst warming up, much to the amusement of the Q.M.C. supporters present.

Guy's were on the attack right from the start, using extra-sensory perception as a new tactic in order to manoeuvre through the pouring rain and swirling black mists. Within 4 minutes Carly had scored a goal. QMC then fought back, as Guy's went into their automatic relaxation reflex following an early goal stimulus. Q.M.C. had some near misses and some good breaks. After half-time, Guy's had most of the possession and their defence remained impenetrable. Sue Hamilton was impressive with her long clearances and reliable tackling. Sue has managed to gain a place in the University side this season. Guy's continued to play well despite a few disputed incidents which merely served as an impetus for further effort. Continued pressure culminated in Camilla scoring against a now desperate opposition. Another goal followed soon after, and Guy's were pleased to note that silence had finally descended on the Q.M.C.

Team: E. Busby, A. Law, Z. Brenchley (Capt.), S. Hamilton, K. Chesterfield, J. Harrison, D. Batesman, F. Little, C. Heyes, K. Hornung, Y. Seaton, C. Barry, C. Holden.

Y. C. S.

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DEATHS

JOYCE, Dr. Horace: On March 4th, 1984. He will be greatly missed by family and friends.

CHANGE OF ADDRESS

CRISP – John, Rachel, Charles and Georgina have moved to Oaklands, The Avenue, Bushey, Herts. Telephone: Watford 25514.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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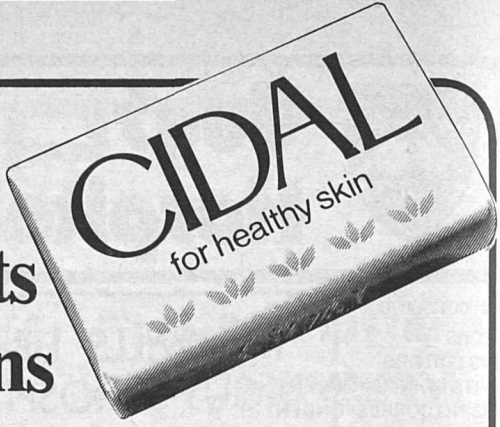
The soap that protects – as it cleans



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Politics and Medicine

The role of the doctor has been that of advisor ever since the profession has been recognised. Only under certain extreme circumstances can doctors impose their judgments, and then only under strict regulations. As a result of people knowing that they cannot be forced to do anything by their doctor, the medical profession enjoys a degree of trust and respect extended to no other section of society. It is paradoxical that what makes medicine "work" is that people are not forced to "take it". No one would willingly go to see their doctor if they were to have no say in their treatment. The doctor can only advise.

However, over the last few years, medicine has become more and more political, with the B.M.A. hardly out of the news, and all for the highest motives. The vast majority of this country would concede that seat belts are a "good thing" – indeed they have already produced marvellous returns in terms of decreased human misery – but is it right that doctors should be seen as the "heavies" for the implementation of an Act of Parliament? Constantly we are told about the damage caused to our arteries by too much saturated fat intake, but should it be doctors who cause health warnings to be placed on fatty foods? The link between diet and atherosclerosis is extremely sound, but the medical profession should advise people to change diet, rather than being instrumental in forcing them to do so.

Smoking is, perhaps, the most emotive issue of all and everyone seems to have strong views; of course, all that is possible to dissuade people from smoking should be condoned, but it does the profession no credit to be seen pressing for such things as banning all smoking in public places, however much we might agree with this.

Leave all this to the politicians. In a recent opinion poll, doctors were found to be the most respected members of society. Right at the other extreme were politicians, who were just pipped at the post by journalists.

It is clear that an obvious association between medicine and politics would undermine public confidence in the medical profession, however laudable the intent. Let the cobbler stick to his last.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

The Friends of Guy's

The Biennial Fête of "The Friends of Guy's" will be held in the Park of the Hospital on Thursday, 7th June, 1984 from 11 a.m. to 3 p.m.

The proceeds will be for the benefit of the Ear, Nose and Throat Department in Out-Patients. This building is now more than 70 years old and the Department is badly in need of modernisation to provide greater comfort and convenience for patients and improved facilities for the medical and nursing staff who work there. The Ear, Nose & Throat Department has pioneered research in early diagnosis and treatment of total deafness, particularly in babies and young children, with support by the Medical Research Council.

The Friends have agreed with the hospital authorities to share the cost of improving the facilities and accommodation. We are hoping to raise a considerable contribution at the Fête towards the £50,000 which we hope to make available.

We should be grateful for any contribution you can make to this event. There will be a Grand Raffle with a holiday in Torquay as first prize and a star prize of a grandmother clock and other valuable prizes. There will be a variety of stalls and a refreshment marquee.

Charity Tennis Marathon

The Lawn Tennis Club is organising a sponsored "marathon tennis game", with all the donations going to the Evelina Children's department as part of their appeal. The mixed doubles games will be held at the staff club courts, next to the Tower, on the 16th of June. We rely on your generous support. Enquiries about the game should be directed to the Lawn Tennis Secretary, Boland House.

Biochemistry Seminars

The remaining two seminars in this summer series will be held at 1.15 p.m. in the Biochemistry Library on the following dates:

Wednesday, 30th May: Mr. T. K. Kwan, "Pregnenolone metabolism in porcine testis".

Wednesday, 13th June: Dr. Trevor Grenby, Department of Oral Medicine & Pathology, Guy's Hospital Dental School, "Sweeteners".

Front Cover

The Front Cover this month is a painting of the "Best known Guy's man" [see *Guy's Quiz* p.151] taken from the *Gazette* of 5th March 1921.

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposes to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

In order that applications for the Newland Pedley Travelling Scholarship may be considered by the Dental Academic Committee in sufficient time to enable the successful candidate to make arrangements to travel, etc., it is necessary for all applications for the Scholarship for 1984 to be received by the Dean of Dental Studies by Friday, 15th June.

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

Caption Competition

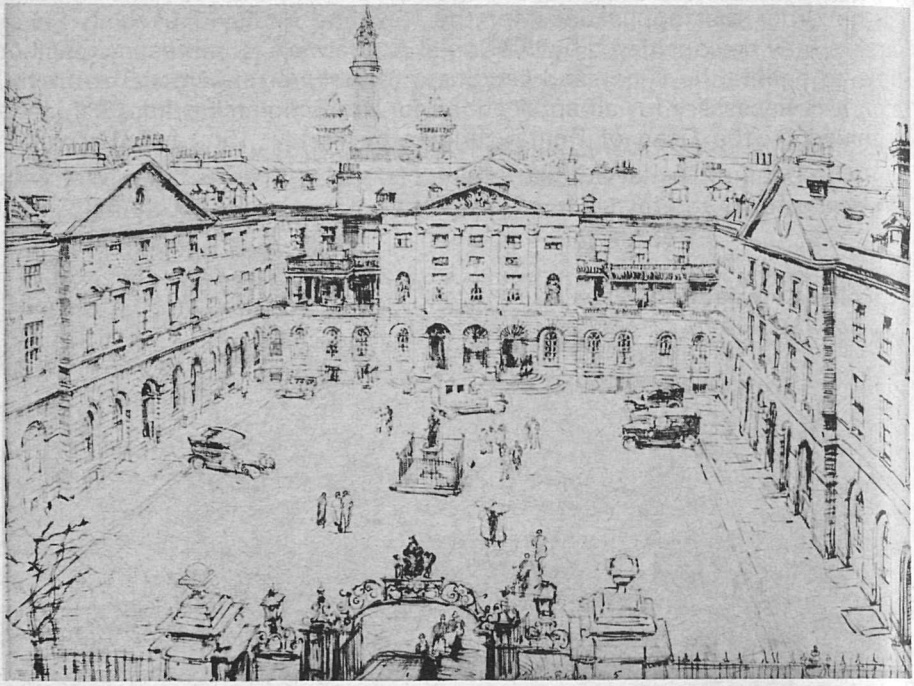
One angel to another . . .

Summer Festival

The Summer Festival takes place as usual at Honor Oak Park on Saturday, 2nd June. We look forward to an enthusiastic attendance and hope the weather holds.

Guy's *Gazette* Print

The Medical School has recently acquired the original of this pen and ink drawing, by Hanslip Fletcher, of the front quadrangle at Guy's. Our readers may be interested to know that photo-facsimiles of the drawing, size 10″ by 8″, are now available from the *Gazette*, price £8.00.



The London Marathon

Many congratulations to those brave Guy's men who entered and successfully completed the London Marathon on Sunday, 13th May. Among the 20,000 competitors were: Professor Stewart Cameron, Dr. Oliver Duke, Dr. Paul Emery and Simeon Rayner.

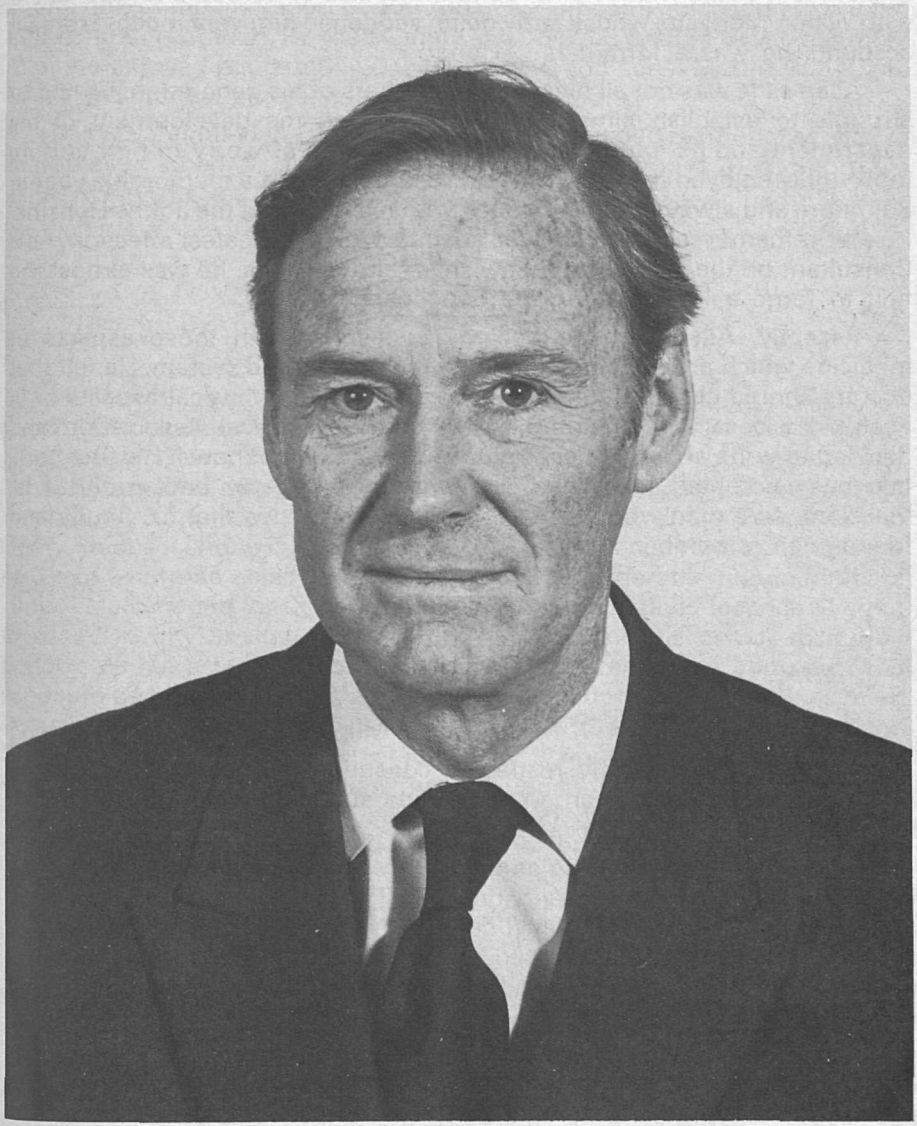
***Gazette* Staff Appointments**

With the resignation of Mark Cronshaw this April [see p. 148], Juliet Goff and John Latimer have become co-Editors. Thomas Brink joins the staff as joint News Editor with Marcia Hall. We wish him all the best.

Obituary

Allan Grimble, M.D., F.R.C.P.

Allan Grimble always looked so young that it is difficult to believe that he had been a Consultant since 1956 and was within a year of retiring when, after a sudden and short illness, he died on 9th March, 1984. He had had a varied and challenging life, although very few of his colleagues knew how wide ranging his interests were. He was a very private person.



Allan lived at first in Hong Kong, where his father was a banker, but he went to school at Shrewsbury. There he showed that he was an excellent all-round athlete and was in virtually every first team at the school. Even at that time, his interests were very wide. Within a short time of enrolling as a medical student at St. Mary's, he took six months off work to go to an art school, and later in his student career he spent six months at sea with the Scottish fishing fleet. The Dean of the Medical School was an understanding man, realising perhaps that he was developing skills and interests that were to give him pleasure for the rest of his life. In later years, indeed, he was able to share his sailing enthusiasm with his family. He sailed to the Baltic, the Freisian Islands and round the coasts of Europe and also sailed with Walter Merivale, whose early death saddened him very much. From all accounts he was a formidable skipper.

Allan's life was not all pleasure. Like others of his generation, he had to struggle to establish himself in medicine, and the development of his department and its future was a constant source of worry to him. But he thoroughly enjoyed many aspects of his work. He had a memorable year in Baltimore and always stayed in touch with his friends at the Johns Hopkins. He also remembered the old Miller Hospital with the greatest affection. As a Consultant on the staff at both Lewisham and at Guy's, he was almost the first to forge a link between the two hospitals.

Recently, Allan Grimble became concerned with those aspects of medicine which are not covered within our specialised system. He felt that doctors should consider the spiritual as well as the physical aspects of ill health. He became a member of the Holistic Medical Association and decided to write about this aspect. He was waiting to know if his first book had been accepted for publication when he suddenly became ill. It is, therefore, as a man who was still vigorous and active that his family and friends can remember him.

M. H. L.

Mr. Malcolm J. May, M.B.E., M.B., B.S., F.R.C.S.

Malcom May, a highly respected consultant surgeon in the city of Prince Albert, Saskatchewan, Canada, died suddenly while on holiday in England on April 15, 1984, aged 64.

He was born in Kent, England, and received his medical education at Guy's Hospital, London, qualifying L.R.C.P., M.R.C.S., in 1942. He immediately joined the Royal Navy, serving in the Persian Gulf and Ceylon, and was subsequently appointed an M.B.E. At the end of the war he returned to England and completed his surgical training, becoming F.R.C.S. in 1954.

In 1951 he married his beloved wife, Jean, née Cooper, who was a Sister at Dudley Road Hospital, Birmingham, and in 1955, with their infant son, Martin, they emigrated to Canada, settling in Prince Albert, Saskatchewan.

Thereafter, Malcolm May was a mainstay of the medical community of the city. His opinion and diagnostic skill were considered to be of the highest calibre. He served as Chief of Staff of the Holy Family Hospital for three years in 1969, 1971 and 1972 and served numerous terms as Chief of Surgery at both the Victoria Union and the Holy Family hospitals. He was held in high regard by all the staff at both hospitals and his unfailing courtesy was appreciated by everyone. His expertise, skill and general presence will be sadly missed.

He enjoyed his cottage at the lake in the summertime and was a founder member and past Commodore of the Prince Albert Sailing Club. He was a long-time member of St. Alban's Cathedral and served on the Cathedral Corporation. He read widely and enjoyed foreign travel, but most of all he enjoyed his family life with his wife and sons, Martin, Nigel and Clive, and his daughters-in-law, Sheila and Laurie.

He was cremated in England. Following a crowded memorial service in St. Alban's Cathedral, conducted by the Rt. Rev. Bishop H. V. R. Short, his ashes were interred privately.

J. C. B.

Dr. R. E. Smith, M.A., M.B., F.R.C.P.

On 18th October last, there died a Guy's man of considerable distinction known with affection and respect the world over as "R.E." He was a man of great intellect, very considerable wisdom, warmth and compassion, and almost boundless energy to the end of his life at the age of 82. He was an Exhibitioner at Corpus Christie College, Cambridge, and a Fellow of the Henry Phipps Institute in the University of Pennsylvania. He was a Registrar at Guy's where he established for himself a considerable reputation as a clinical teacher, and for this hospital he always maintained feelings of great love and loyalty. He left Guy's in 1931 to become the doctor to Rugby School. Within a term or so of his arrival I entered at the bottom of the school to be greeted by R.E. in a way he saw fit for the son of a Guy's man, namely, with genuine interest and generous hospitality. He remained the School Doctor at Rugby for nineteen years. Schoolboys, like soldiers, tend to ridicule the medical custodian imposed upon them by the establishment, but R.E. was regarded by staff, schoolboys and their parents alike, as a very good and caring doctor, and he established for himself while at Rugby a reputation and authority amongst school doctors, second to none.

In 1950, after the advent of the National Health Service, he resigned from the post of School Doctor, continued his appointment as Physician to the Hospital of St. Cross at Rugby and took on further the appointment of Physician to the Gulson Hospital in Coventry. In 1966 at the age of 65 his retirement from the N.H.S. was inevitable, but a half-hearted or idle existence was beyond his contemplation, and he accepted the appointment as the University of Birmingham's Area Director of Postgraduate Medical Education for Coventry and Warwickshire. In this capacity again he

established a nationwide reputation, and the Warwickshire Postgraduate Medical Centre and the National Association of Clinical Tutors owe an enormous amount to him; and he put his heart and soul into this work until three or four years ago.

At all stages of his life, therefore, he made great contributions. He was one of the first responsible people to point out the wastefulness and folly of isolation and quarantine for the childhood infectious diseases – a view which came to be generally accepted. He was an authority on the problem of the undescended testicle. He wrote caringly and lucidly about the horrifying disease, poliomyelitis.

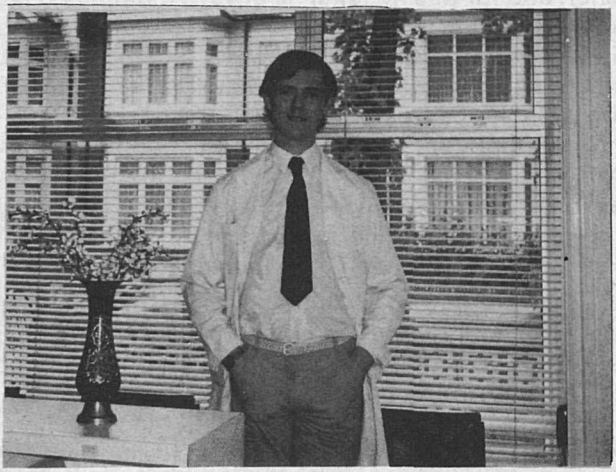
There must be men of great distinction, and others, all over the world, who remember their medical registrar, their school doctor, their postgraduate adviser – R.E. – with really warm reverence, and grieve at his passing.

H. A. R.

Appreciation

Mark Cronshaw, B.Sc., L.D.S., R.C.S.(Eng.)

Last month, the *Gazette* lost another of its able and innovative recent editors, with the retirement of Mark Cronshaw.



Mark Andrew Cronshaw came to Guy's in 1977, to read Dentistry. He took an intercalated Honours B.Sc. course, in biomedical sciences, after the preclinical year and it was towards the end of this that he was appointed to the *Gazette* staff, as News Editor, in January 1980. He became Assistant Editor in May 1981 and ascended to the Editorship in January 1983 – initially in conjunction with Tim Houlding, then on his own for the last ten months. During this four year period, the *Gazette* hit one of its most successful spells, and Mark managed to emerge from the somewhat substantial shadow of his predecessor with a quality of writing and an individual editorial style which continued the *Gazette*'s improvement in content (and solvency!).

During his time at Guy's, Mark was also an active member of the Music Club, serving on its committee and playing the trombone solo section of Mozart's *Requiem*. His chief research interest in his B.Sc. was on the course and development of the inferior dental nerve in the mouse, on which he presented a paper to the International Association of Dental Research. He was nominated a student clinician of the American Dental Association in 1981.

Despite a short, unexpected delay in December, Mark qualified in February. We wish him well.

E. B. & J. L.

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Clubs' Union News

As I write, plans are being finalised for this year's Summer Festival on Saturday, 2nd June at H.O.P. The day will follow the hugely successful format of previous years, even though much organising and badgering of clubs has to be done, for which I must give most credit to Wiktor Zbrzezniak. Entertainments are laid on for all the family, with sports, side-shows, barbecue, real ale and much more. It is particularly welcome to see members of staff and old Guy's people attending.

Much of my time seems to be spent sitting on committees of one sort or another and I not infrequently ponder on their use and relevance to life in general. However one particularly enjoyable committee is the U.L.U. Medical Group. Attendance of representatives from the twelve London Medical Schools (with the notably frequent exception of St. Thomas') is virtually guaranteed by sponsorship from various companies and provision of suitable liquid refreshment. Surprisingly enough, far from being a mere monthly booze-up, these meetings normally provoke lively, informed, sometimes intelligent discussion about issues concerning medics and dentists. We all leave such meetings with good intentions to lobby M.P.s, petition Deans and generally be active to further the cause. However, U.L.U. Med. Group has no intrinsic power, which is why the reincarnation of the B.M.A. Associate Members' Group Committee seemed so welcome when it was raised from the ashes in October 1982. Since it has just published its first annual report it seems fitting to briefly survey its uses. The two early meetings which I attended were most dreary affairs with a clearly discernible divide between London and provincial schools and with stilted discussion smugly overviewed by B.M.A. officials. It certainly looked as if it was intended to be a passive rubber stamp for B.M.A. policy, with no muscle to use the B.M.A. to our advantage.

However, mainly due to the extraordinary enthusiasm of the convenor, James Hunter (King's) and then Paul Thornton (Royal Free), the committee has begun to make its presence felt among the long, dark corridors of B.M.A. House. Help has been gained on many issues; in particular, the place of student assistantships in hospitals and the campaign to achieve a fair clinical student's grant. The influence of the B.M.A. was certainly useful in reducing the deficit in the extra weeks allowance, even if only by £2.80. This campaign still has some way to go though, to gain the extra £18 we need to reduce the appalling number of clinical students with overdrafts and financial hardship. Their plight will not be helped by the effective reduction in travel grants which particularly hits medical students. At least, with the help of eloquent students such as James and Paul, our arguments are reaching the ears of people who matter. On 10th May they both received, along with Nick Morris and Bill Somersgill (both Mary's), Laurels of the University of London from Princess Anne, an unprecedented number of medical students to receive such an honour in one year.

John Edwards

Guy's Quiz

This is the first in a series of "20 questions" designed to test your knowledge of the Alma Mater. They have been kindly devised to appear in the Gazette *by Dr. E. J. Moynahan. (For the answers, see page 166).*

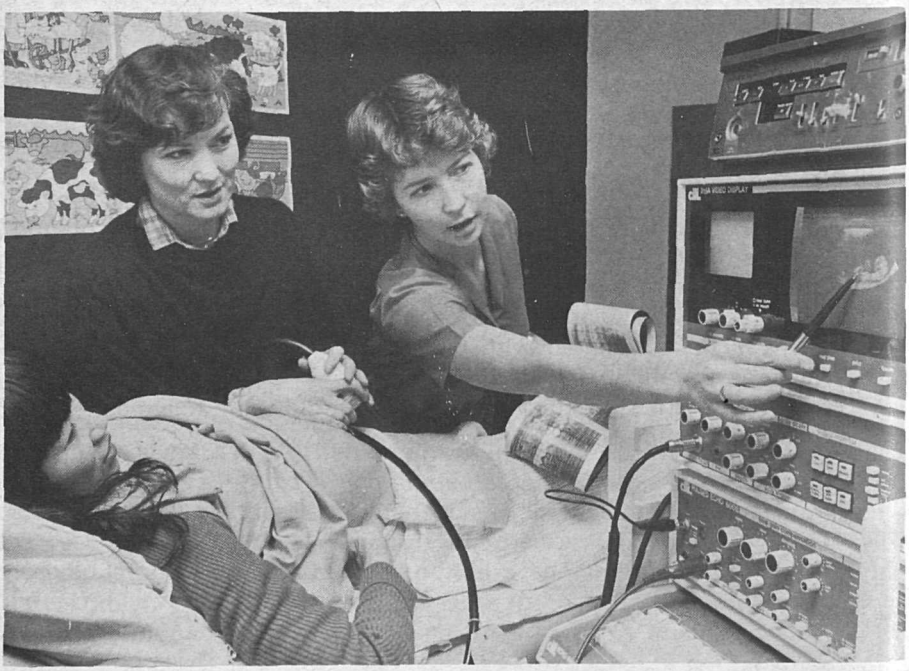
1. When and where was Guy born, what was his father and where did he attend school?
2. Guy was apprenticed to a livery company, which one?
   Three outstanding historical events took place during his apprenticeship. What were they?
3. Guy and Sir Isaac Newton were contemporaries – did they ever meet?
4. Who is the best known Guy's man?
5. What is the association of Guy's with the Canterbury Tales?
6. Two Guy's men were friends of Voltaire. Name them.
7. Who was Laennec?
   A Guy's man attended his lectures at the *Hôpital* Necker in 1821–1822, who was he and what did he bring back from Paris?
8. The first successful blood transfusion was carried out in Guy's. When, and by whom?
9. Guy's was the first hospital to appoint a Dental Surgeon – who was he? Do you know why the Dental School is unique?
10. When were (a) the *Guy's Hospital Reports* and (b) the *Gazette* first published?
11. When was the School of Nursing established and what events led to the foundation of the College of Nursing at Guy's?
12. How many Guy's Nurses were decorated or mentioned in despatches in the Great War?
13. Two outstanding American colleges are associated with Guy's. Name them.
14. When and where was the last outbreak of cholera in London?
15. What part did Guy's play in the study of pathogenesis of plague?
16. Guy's is associated with the prevention of smallpox in the 18th century. In what way?
17. A Guy's man was awarded a Nobel prize in 1929. Who was he and how long was he associated with Guy's?
18. Who was Sarah Swift?
19. Who were the resurrection men and what did their activities lead to?
20. Who was Joseph Towne?

British Heart Foundation Funding for Research in Fetal Echocardiography at Guy's Hospital

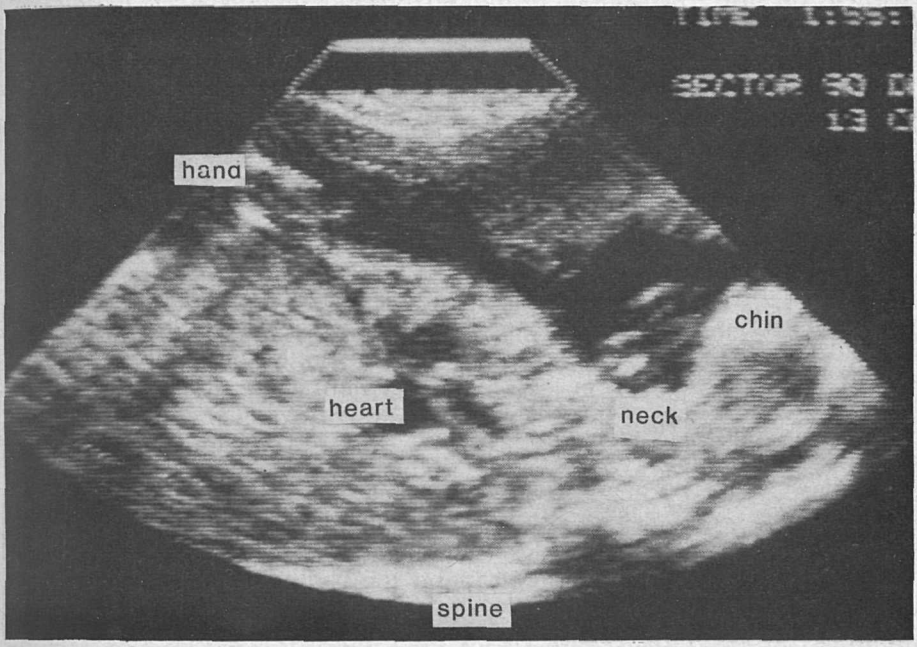
by Lindsey Allan M.D., M.R.C.P.

The British Heart Foundation has recently awarded a substantial grant to fund a research group in the Department of Paediatric Cardiology at Guy's Hospital. The grant is designed to allow current research in fetal echocardiography to continue and expand its scope. Secure funding of up to four salaries for five years has been given in addition to new equipment. As there are very few research groups in the country funded by the B.H.F., this grant gives great support and encouragement to the research work already done at the hospital in this field.

The work started in 1980 when the British Heart Foundation funded a Junior Research Fellowship to the author as well as equipment to start the research. The aim of the research was to study the heart in prenatal life using ultrasound. A more sophisticated version of ultrasonic imaging was used than is currently available in obstetric departments, but basically the imaging technique is the same. From this work it was discovered that the structural anatomy of the fetal heart could be seen from as early as 16 weeks of gestational age until term. The normal features of the heart could be seen and measured; growth of intracardiac structures could be



documented during fetal life; the rate and rhythm of cardiac contraction could be observed. Also structural anomalies of the fetal heart could be recognised and accurately predicted. Disorders of heart rate and rhythm could be evaluated. The first illustration shows two of the current members of staff involved in this. They are Dr. Lindsey Allan and Dr. Diane Crawford. Dr. Diane Crawford is a medical physicist. The technique is painless and harmless and the image appears on the screen at the right of the picture. The sort of image presented is seen in the second illustration, where the whole fetus from head to abdomen can be visualised. The heart can be identified in the thorax and the structure examined.



Publishing the results of this early evaluatory work has led to Guy's Hospital becoming a referral centre for high risk pregnancies. At the present time the centre offers a supraregional service for such pregnancies; referrals coming from such distances as Scotland, Devon and Wales as well as Southwark. Pregnancies which should be referred for fetal echocardiography include those patients with a family history of congenital heart disease or where a specific high risk factor for congential heart disease is detected in an individual pregnancy, for example the detection of a fetal arrhythmia. The technique has extended, however, to routine ultrasound departments such that normal pregnancies are screened increasingly for heart defects and referred to us when an abnormality is suspected. This allows experience of management of abnormalities to be concentrated in a specialised unit such as ours. Prediction of a cardiac anomaly in early pregnancy can allow the optimum obstetric management to take place whether it be interruption of pregnancy in the rare cases of a lethal defect being detected or planned delivery in a centre with facilities for paediatric cardiac investigation and care.

The fetal echocardiography unit is therefore ideally situated in a general hospital such as Guy's with the combination of an obstetric unit and a paediatric cardiology specialist unit.

The donation of new equipment will add another dimension to the fetal echocardiography research. Up to now the available technology has allowed delineation of structure of the fetal heart. Congenital heart disease usually means gross abnormalities of anatomy and therefore can be detected by the scanning technique. Newer equipment adds Doppler ultrasound to the imaging technique and this gives information about cardiac function. The Doppler probe can measure blood velocity in different sites in the cardiovascular system and this allows estimation of blood flow. Such information has hitherto been impossible to derive from non-invasive techniques, obviously inapplicable to the fetus. The evaluation of blood flow in normal and abnormal states in fetal life is therefore a new and exciting prospect.

"All in a Day": A Film about the Care of the Living

reported by Susan Oxburrow

When he was 27 years old, Douglas Macmillan watched helplessly as his father suffered for months, dying of cancer. This personal tragedy inspired the young Macmillan to found the National Society for Cancer Relief. Since its foundation in 1911, the society has grown and has set up a number of Macmillan homes and sent out over 200 highly trained Macmillan nurses into the community. (Cancer Relief finances Macmillan nurses for the first 3 years of service and after that they are taken over by the NHS.) The society has also given out over £1.5m annually in specific grants to cancer sufferers and it has set up an education programme directed at doctors, nurses and students in pain control and the care of patients with terminal disease.

In 1975, the first day care centre for cancer sufferers was established.

"All in a Day" was filmed at Michael Sobell House, a Macmillan home now run by the N.H.S. It is an attempt to explain the very special problems and needs of patients with terminal illness and their families. These range from anxiety, loneliness, depression and boredom to symptom control and support or relief for exhausted relatives.

The film suggests that the day hospital can satisfy these needs. It provides companionship, social activity and skilled care for patients, and it makes it possible for patients to stay at home for as long as possible, which is where most of them would prefer to be.

Such day hospitals have linked care in-patient facilities;so if and when it becomes necessary for the patient to have full time, professional care during his final illness, he is able to go to a place that he knows and to be looked after by people who already have a good understanding of all his needs.

The film *"All in a Day"* is a 15 minute documentary, illustrating this view of development in terminal care, which is practical, economical and above all, of enormous benefit to both patients and relatives. I think the film (which is aimed at any interested audience – doctors, nurses, students and relatives of the patients) could be valuable in fostering a hopeful and positive attitude towards the care of the terminally ill.

Anyone interested in hiring the film (available for projection or video) should contact: Dr. Robert Dixon, Michael Sobell House, Mount Vernon Hospital, Northwood, Middx.

The Cantata Choir's trip to the Isle of Wight

by Marion Steiner

The efficient machinery of the hospital ground inexorably on, that Friday morning, blissfully unaware of the activities, or even the existence, of a motley crew calling itself the Guy's Cantata Choir setting out on their First Grand Extravaganza Concert Tour, to the Isle of Wight.

The Guy's Cantata Choir outside the West doors of St. John's, Newport, on the Isle of Wight.

A minibus full of finely tuned vocal chords rattled its way across to the Island – the delights of which were well known to the conductor Andrew Naylor and his organist wife Gilly (a former resident), and were fast becoming known to the rest of the choir as landmarks; spots of particularly happy reminiscences were pointed out along the way.

The first concert, on Friday evening, was at All Saints, Freshwater – a dear little stone church, the delightfully antediluvian atmosphere of which was boosted by the entire lighting circuit failing moments before the commencement of the programme. Thus, the strains of Fauré's *Requiem*, and a mixture of church music, folk songs and negro spirituals were heard by romantic flickering candlelight. There seemed to be a good proportion of the Island's population in attendance, and post-concert entertainment was provided by personal friends of the Naylors.

The performance of a Bach *Motet* at St. John's, Newport, the following evening also went well, although electricity assisted.

During the weekend the spirit of the choir really blossomed, with team meals, rambles and dancing, particularly after a taste of the Island's liquid hospitality (amazing the ceiling didn't give way, really).

In all, the weekend proved a resounding success and the choir look forward to many more happy performances.

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

Revision of Guy's Dental School curriculum is in the wind again, not that it has been out of the wind at anytime we can remember. However, on this occasion, it seems more likely that real progress will be made not least because the joining of Guy's Dental School with the Royal Dental Hospital has meant that certain changes have been forced upon us. The union of the two schools in fact gives an opportunity to revise the whole curriculum and to implement changes that had been discussed for many years. It is hoped that the best part of the curriculum at Guy's can be combined with the stronger part of the curriculum derived from the Royal. In fact, the Royal Dental Hospital had recently reviewed their own curriculum and had only just introduced the changes. Thus Guy's now has the added benefit of the experiences of those changes and many of these will no doubt be introduced into the new Guy's curriculum.

In the main, it is not so much the contents of the course which are to be debated, but the time-table. Guy's has been one of the few Dental Schools to maintain teaching based on a block system (that is spending several months in a single department). Most other schools have changed over the years to a so called longitudinal system which essentially means that students will not be assigned to one department at a time, but will spend a

different day of the week in different departments. The fundamental advantage of this system is integration of treatment. Thus the students will have the opportunity of treating the same patient in several different departments.

Guy's Hospital Dental School is known to have many strengths and produce high class dental practitioners. It is recognised that the Guy's system encourages independent and well organised students. These are strengths that should not be minimised and clearly any change in the curriculum must try to retain the strengths of the old system whilst incorporating newer concepts and subjects. This is always a difficult path to tread and no doubt the Curriculum Committee, which has the responsibility for these changes, will be very aware of trying to retain the benefits of our current system in any new format.

Many years ago, nearly all clinical teaching at Guy's was performed by part-timers whose experience in practice was broad and covered most of the range of dentistry. Such part-timers have traditionally made an important contribution to the teaching and it is envisaged that this will continue as at present. There has also been a growth in the numbers of full-time school based staff who specialise in the various dental sciences, practices and techniques, and who have made increasingly important contributions to the specialities. A further difficult problem for the Curriculum Committee to consider is the balance between broad integrated teaching and how much detailed specialised teaching should be included.

There is general agreement that Guy's must introduce a longitudinal type of teaching. However, this will mean nearly all departments will need to modify the way that they teach at present. It will also raise many logistical problems of fitting in the numbers of students in to the numbers of chairs, and the numbers of lectures etc, into what is already a fairly full timetable. However, it is not intended to increase the clinical or lecture committment and indeed it is planned to incorporate flexible, unassigned sessions into the new curriculum. The Curriculum Committee have a difficult and an unenviable task in trying to maintain the best of the old and incorporate this with the new changes which must be made.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be *received 15 days before publication. Copy dates for the next two months are June 13th and* July 11th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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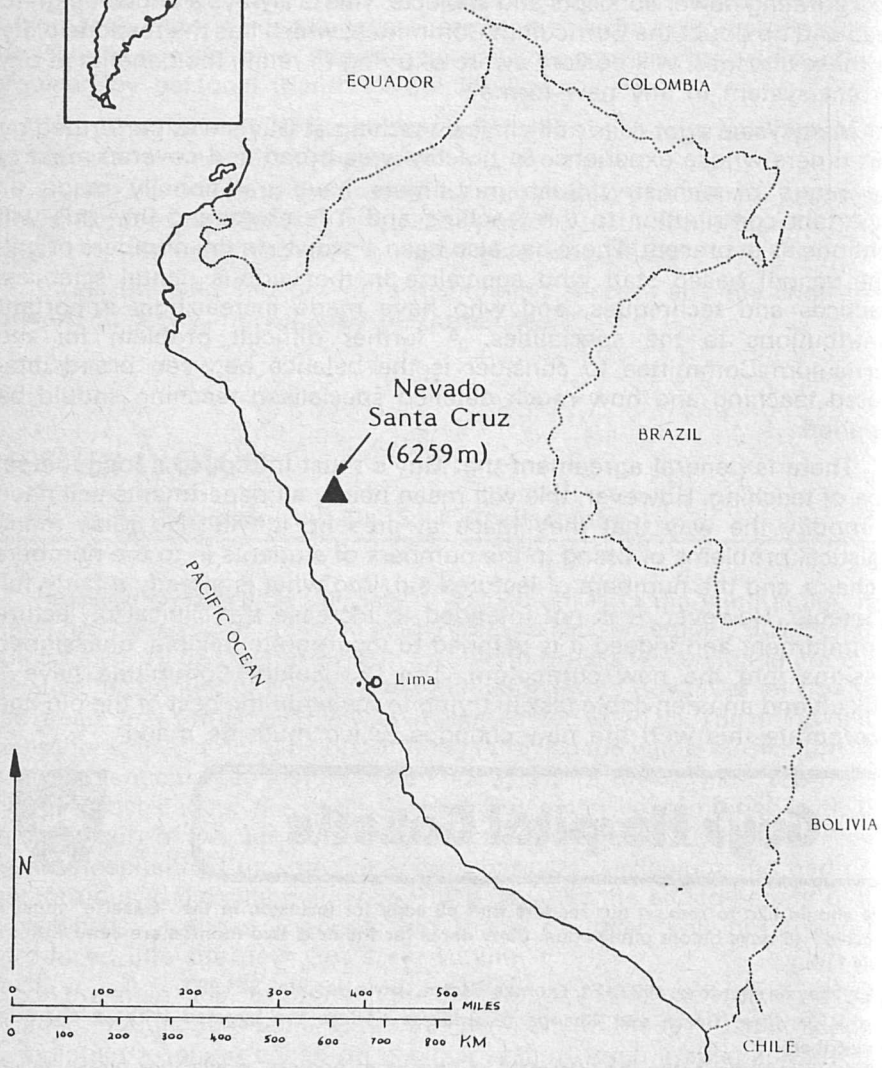
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Guy's Hospital Santa Cruz Expedition 1984 (Patron: Dr Charles Clarke)

by **Ben Wyatt**

The first Mountaineering Club trip of the year last October was a very significant weekend for me. For several years Tom Humphries and I have harboured an ambition to organise and carry out a climbing expedition to one of the great mountain regions of the world. It was on that weekend trip that the Guy's Hospital Santa Cruz Expedition first saw light and our ambition was reinforced.

In the best tradition of British amateur mountaineering, the first plans were actually drawn up on a beermat (which has since been lost, in the best tradition of Guy's Hosiptal amateur mountaineering) in a pub in North Wales. Shortly afterwards I attended a conference on expedition organisation at the Royal Geographical Society, and the expedition got underway after I had reported to the rest of the team. Tom, Stephen Gould, Hamish Gillespie and I have since been engrossed in the expedition.

There are quite honestly a million things to do to get something like this off the ground. It's rather like having all the little bits that make a car – engine parts, seat springs, lightbulbs etc, in various rooms of a large building and trying to make a car out of them. Analogously, I hope we can get the car out of the door when it's ready!

We chose Peru because it is relatively easy to get to and its ranges contain mountains around 20,000 feet which can be easily approached. It is also considerably cheaper to climb there than, for instance, the Himalayas. On 28 June, 1984, Hamish, Stephen, Tom and I will leave for Lima, Peru. We will spend about a week on the "walk-in" to the Cordillera Blanca, where our principal mountaineering objective lies. We hope to make the first British ascent of Nevado Santa Cruz (6259m 20,536 feet) by a previously unclimbed route. After a period of acclimatisation this climbing will take about two weeks. We then have about a week to pack up base-camp and return to Lima.

At an early stage in the planning we decided to combine the climbing with the opportunity to do some high altitude research. Consequently, during the period in the field we will be making observations of diurnal variation in Peak Expiratory Flow (PEF) in normal subjects and in an asthmatic at high altitude. Observations of exercise induced asthma and its response to an inhaled -adrenergic bronchodilator will also be made at high altitude. Field results will be compared with sea-level results on return. This line of investigation follows confusing and ambiguous evidence that airways resistance can change in man at altitude.

Of course, more than half the problems of any expedition are financial. This Expedition has been financially supported by Guy's Hospital Medical School, The Mount Everest Foundation, Oundle School, Hill Samuel Insurance Ltd. and by personal sponsors. Many equipment suppliers are helping by offering climbing gear free or at cost price. The expedition members have each contributed £500 and have raised £160 with a disco. Thus our incoming funds so far are £4095, but our projected expenditure is £5805. Without the balance the expedition will probably go, but will not be able to carry out all that we would have liked. If you feel that you can help in any way, please contact:

Ben Wyatt
Sec. Guy's Hospital Mountaineering Club
Boland House
Guy's Hospital
London Bridge SE1 9RT
Home tel. 01 582 8691

or Mr. M. R. L. Joyce FRCS
Consultant Urological Surgeon
Keats House, Guy's Hospital
London Bridge SE1 9RT
Tel. 01 407 7600 ext. 3095

So, I hope all the team's work will not be in vain and that I can report on a successful trip in the *Gazette* this autumn!

The Santa Cruz Expedition Team. From left to right:
Ben Wyatt, Hamish Gillespie, Stephen Gould and Tom Humphries.

Pupils' Physical Society

Medical Electives Abroad

The second meeting of the Society in this academic year was held on 3rd April in front of an enthusiastic audience of clinical medical students.

The Chairman, Richard Cowell, opened the meeting by stating that the reporting of experiences gained while on medical electives abroad was a new venture for this aged society. He then introduced the first speaker, Graham Thornicroft, who here describes his experiences of Psychiatry in China:

Psychiatry in China – Brief report of a Medical Elective

by Graham Thornicroft

A quarter of the world's population live in China and until recently little was known in the West of Chinese theories of mental illness and its treatment. At the end of 1983 I spent my medical elective working at the Institute of Psychiatry in Shanghai and Beijing.

Although 15 years ago, during Mao's cultural revolution, E.C.T. was banned and psychiatric patients were encouraged to struggle together against their affliction by analysing extracts from Mao's political writings, the emphasis in urban psychiatric practice today is more familiar to the western visitor. Most in-patients are diagnosed as schizophrenic and 90% of these people receive neuroleptic drugs, especially chlorpromazine, along with occupational therapy and social rehabilitation. Most out-patients are given the diagnosis "neurasphemia" (roughly equivalent to the western use of "neurosis") and are treated variably with acupuncture, herbal remedies, tranquilisers, modified insulin therapy and supportive group psychotherapy. (The theories of Freud are considered individualist and idealist and so unacceptable.)

The prevalence of the psychoses in China is largely in line with western figures (i.e. 0.5% for schizophrenia); neurotic conditions are apparently diagnosed much less often, but caution is needed in comparing the different diagnostic systems, and cases of anorexia nervosa, suicide, drug and alcohol abuse and sexual disorders, Chinese psychiatrists claim, are exceptionally rare. Schizophrenia, having no sexual bias in England, occurs more than twice as often in women than men in China, and this may relate to the "double burden" women bear there; since the revolution in 1949, most women have taken paid work, but have also been expected to take charge of household and child-caring duties.

Community psychiatric services are specially well organised in China's large cities. In Shanghai, for example, facilities are arranged at the municipal, district and neighbourhood levels; the latter offers local occupational therapy stations within walking distance of out-patients' homes. For the future, psychiatry in China faces two prime concerns. The

one-child-family policy may change methods of child-care and produce more childhood emotional disorders. This policy may further lead to a shift away from the extended family and let the task of caring for China's increasingly long-lived elderly fall progressively upon the State.

After this stimulating start, the second speaker, Neil Deuchar, amused the audience with a very informative talk about his elective in New York and in particular about psychosocial problems of the disease AIDS. Here he gives a brief summary of his overall impression of that huge metropolis.

An elective in New York

by Neil Deuchar

In Manhattan there are two hospitals at each end of 1st Avenue; one is the Bellevue, the other is the Metropolitan. On an average Friday night, these two hospitals will be responsible for the wailing of six ambulances on their way to emergency calls at any one time; their emergency room will, all the while, house a total of about forty patients waiting for treatment; and their general medical wards will include around twenty-five patients with AIDS. Rules, regulations and signposts are in English, Spanish and German at the Metropolitan, and Chinese is thrown in for good measure at the Bellevue.

Security is sporadic – sometimes you are questioned and frisked despite your identity badge, at other times no-one takes any notice. At the Metropolitan, which is in Harlem, being white can result in being stopped several times on one trip across the hospital.

On the Avenue between, several thousand restaurants, bars, pizza joints, shops and nightclubs keep the street alive 24 hours a day. Black limousines glide past pavements which are never empty of people either staggering home after a night out, on their way to work, jogging, waiting for a bus, sitting down for a "fix" or lying down with a bottle. New York never failed to amaze, horrify, disgust and, above all, excite. It was a great place to spend two months.

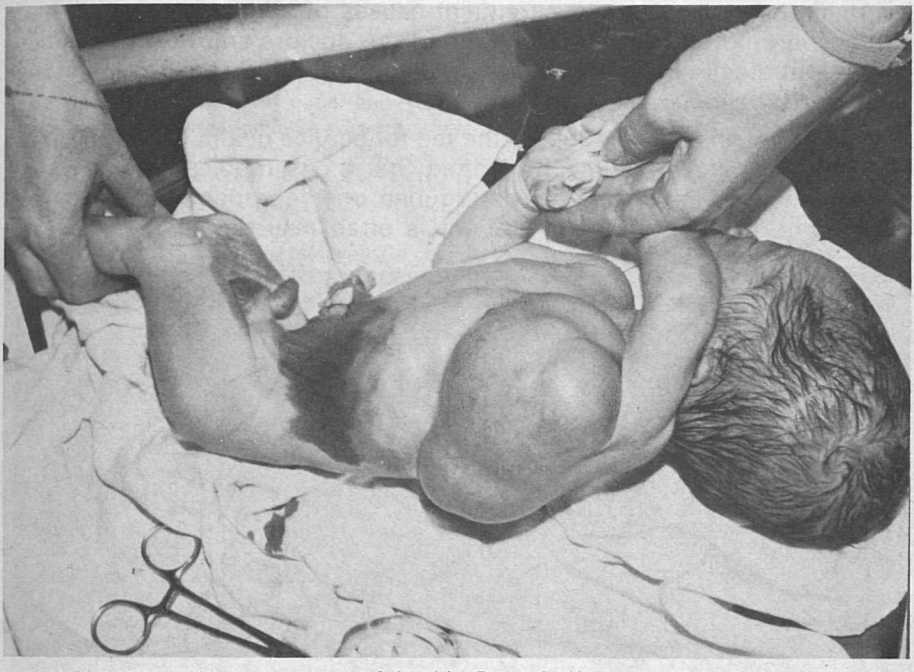
The final presentation was by John Black who had travelled across the continents to reach the Philippines. His presentation included some deeply moving social comment as well as some excellent (if sad) clinical material.

Medical Elective Report

by John Black

I was keen to visit the Philippines during my elective as it would provide a unique opportunity to spend ten weeks living in South-East Asia, learning something about the health care problems facing many third world countries, and in particular about rheumatic heart disease.

Commencing my elective on arriving in Manila was much more difficult than I had anticipated. I had to secure an "endorsement" from the Ministry of Education, Culture and Sports (M.E.C.S.) as I did not posses a student visa (the Philippine Embassy in London had assured me that this was unnecessary). One week and 920 pesos later, having visited M.E.C.S. on eight occasions, and after being interviewed at the Ministries of Justice and Foreign Affairs and finally by the Commissioner of Immigration and Deportation Himself, I was eventually cleared "to observe" Philippine Medicine!

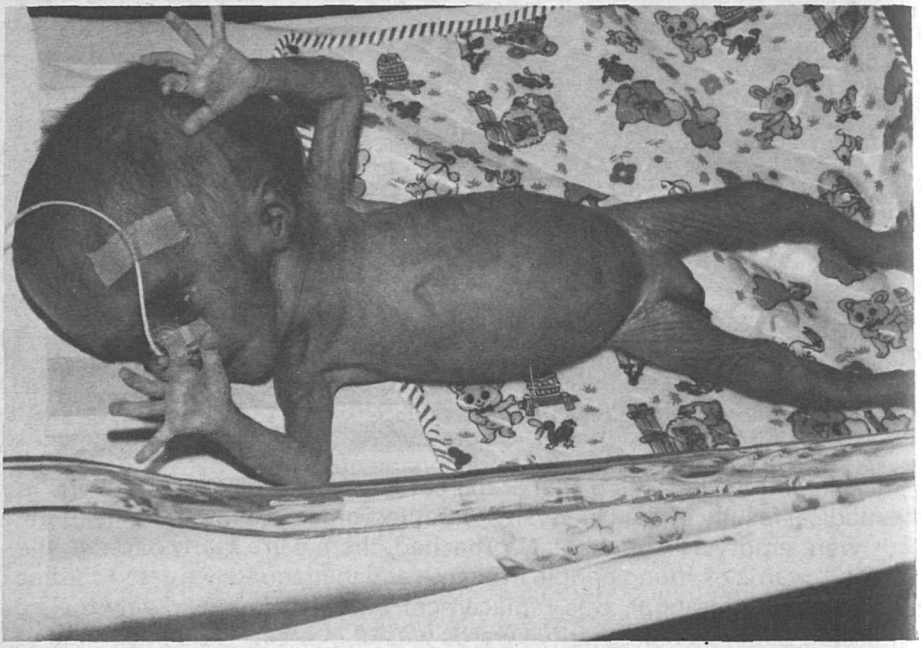


Axillary Cystic Hygroma – a case of shoulder Dystocia. Kwauswagen Community Hospital, Cebu City, Philippines

While in Manila I was based at the cardiovascular disease "section" in the medical faculty of the University of Santo Tomas. Although many of the beds were empty as Christmas approached, there were many cases in the "charity" wards of young people in severe and inadequately treated cardiac failure whose only hope was replacement of their rheumatic valves. The admission policy to the "charity" wards was of interest. The patient had to produce a deposit of £25 in local currency (the equivalent of a Resident Doctor's monthly salary) and had to covenant to submit his body to post-mortem examination upon his demise. While in Manila I visited the Philippine Heart Centre for Asia – a "gift of love" to the Philippine people from the First Lady, Imelda Marcos. This one hospital had facilities for open and closed cardiac surgery (1,500 procedures a year) and probably consumed at least 5% of the entire health budget. The waiting list for "service" (charity) patients was frequently nine months depending on the availability of funds.

I spent the second month of the elective attached to the Doctors' Hospital and Medical School and Southern Islands Government Hospital, on the Island of Cebu in the central Philippines. With greater than 50% of the population under the age of 15 years, approximately 60% of all hospital admissions were paediatric. On admission, it was usual for at least 3 or 4 members of the child's family to live-in on the hospital wards and to carry out much of the basic nursing care. Marasmus, kwashiorkor, deuque haemorragia fever, tuberculosis, diphtheria, typhoid, cholera, tetanus neonatorum, measles with 2° bronchopneumonia, schistosomiasis and rheumatic heart disease were frequent causes of admission. Rabies and leprosy were not uncommon. As most of the doctors and health facilities are concentrated in the major cities, provision for primary health care in the provinces was generally minimal.

The Philippines have adopted the fee-for-service health care system of their influential neighbours, the United States. As medical and surgical management is almost entirely determined on the patient's income, the cross borne by the "indigent" patient is often insurmountable.



Congenital hydrocephalus – the neurosurgeon's fees were too expensive. Cebu Doctors' Hospital, Cebu City, Philippines.

Thus an excellent evening was brought to a close by the chairman, who himself looks forward to sampling the riches of a foreign medical elective in the coming months.

W. Z.

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

End of Bore Report Shock Horror!

I would like to point out that the intrusive termination to my last missive only applied to last month. I take the opportunity of thanking those correspondents who urged the continuation of my little column and to assure (or warn) them that Bore will bore on.

It would seem that the Boat Club were a bit crabby about my innocent aside in the last *Gazette* (See *Correspondence*). Since my remark would seem to be at least partly true – which some would say was better than par for this column – I fail to see why they are so anxious to defend themselves. Could they have something to hide? Incidentally, I feel that the Pupils' Physical Society might claim priority in being Guy's oldest "club".

I notice that the Cricket Club opened the season with an event advertised in Boland House as a "drinks do". I assume this equates to the President's and Vice-Presidents' sherry evenings or cocktail parties of previous years. It would seem that "the boys" are going a bit down-market! Still, despite a rather undistinguished start against Beckenham (batsmen 1 to 4 scoring a combined total of 0!), they seem to have pulled together, and beat St. George's in the first round of the Hospitals Cup.

Overheard from an American traumatologist: "I'm afraid you've got a bit of a blockage in the tubes in your tummy there. Have any of your friends got a colostomy?"

Ear! Ear! Glad to see Ellis Douek's 50th birthday cake was suitably decorated.

Where are they going to fit the Memorial Arch in the New City Court development? Or are they not going to take the opportunity?

Was the Medical Meander adequately advertised, or did I just miss the notices?

I hear that a friendly soccer match against Vancouver was swung by an own goal from "the man on the touchline". Could this have been a conflict of interest? (Or was he still blind after Paignton.)

The *71st Lancets* seemed to be on good form at Paignton, especially considering their advancing years. Here is their leader preparing for the tour, looking for something small, that should be . . .

Talking of Paynta, I hear that the Spirochaetes distinguished themselves again with an umblemished record of losses, including a possible record defeat of 0–14. (A certain cetaceous Spiro was quick to state that he was not in goal for this one!) One person seems to have been sent home for an "early bath"; but were they funny?

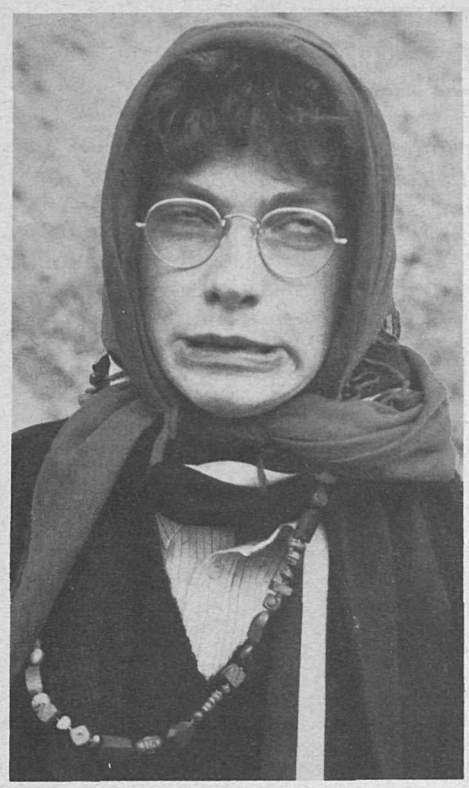
Haematemesis seemed rampant amongst hockey tour captains. It must have been something they ate.

Overheard in HQ: "The more I try, the less chance I've got". Murky waters, these.

Who, by his own admission, is the oldest swinger in town, boys?

Could Terry Gibson be the only playing President of the rugby club in its history?

I fear that St. Christopher's is getting dangerously liberal . . . it even seems to tolerate rats sleeping with other men, though admittedly their sense of direction may have got fogged by the preceding Rugby Club Ball.



In response to much favourable comment on last month's photographs, I dug around in the Archives and was confronted with Andy Farmery, new Medical Vice-President, rehearsing for his latest rôle as a countertenor in Southwark Cathedral. He must have just hit an off note.

Glad to see the April Clubs' Union *Newsletter* packed with useful up-to-the-minute information. Well, at least it did have the date of the Summer Festival. Next "Newsletter" special subjects seem equally lacking in news, including a racy number on "*introduction of sons and daughters to make Guy's a happy family*' – obviously JR feels the need for more nepotism; and '*how to lobby your MP*' – has he? If the Clubs' Union has to spend money on publishing a newsletter they should publish useful information, like the dates of the forthcoming month's Hops and Inflams, and not risk forfeiture of the Clubs' Union charitable status by suggesting that it receives a "small commission" from a commercial organisation.

I must now retire to H.Q., to prepare myself for the forthcoming stag night of Mr. Pini. In the event of subsequent hepatic necrosis, this would be the last communication from

Eugene Bore

Guy's Quiz Answers

1. Guy was born at Pritchard Alley, Fiar Street, Horsley Down, in 1644 or 1645. His father was a lighterman and barge builder. He died 7 years later. Guy went to school in Tamworth where his widowed mother had returned.
2. Guy was apprenticed to the Stationers Company. Charles II was restored to the throne in 1660. The Great Plague followed in 1665 and the Fire of London destroyed ⅔ of the dwellings in September 1666.
3. Guy was M.P. for Tamworth between 1695 and 1707 when Newton represented Cambridge University.
4. John Keats was a student from October 1815 to July 1816 and was about to continue his surgical studies when he decided to devote his life to poetry in October 1816.
5. Geoffrey Chaucer immortalised the Tabard Inn, whence the Pilgrims set off for Canterbury, the site of which is within the present precincts of the Hospital.

6. James Jurin. First Physician to be appointed to Guy's, supported Voltaire's election as Fellow of the Royal Society and Samuel Sharpe, who first met Voltaire in 1726, visited him later in France during the tour of Italy.
7. Laennec a native of Brittany and a pupil of Bichat invented the stethoscope which Hodgkin was one of the first to demonstrate its use in England at a meeting of the Guy's Physical Society soon after attending Laennec's course, at the Necker.
8. James Blundell who succeeded his uncle Dr. Haighton as obstetrician, transfused nine patients between 1818 and 1828 of whom four survived.
9. Joseph Fox was the first Dental Surgeon to be appointed in 1799 and in 1880 Guy's became the first general hospital to establish a Dental School.
10. The *Reports* were first published in 1836 and the *Gazette* in 1872
11. The School of Nursing was established in 1880 at the time of the great Nursing debate which led to the resignation of the Senior Surgeon and Physician who objected to the independence of the Matron, and the shortage of Nurses serving in the Armed Services in 1916 led to the foundation of the College of Nursing.
12. No fewer than 196 were decorated or mentioned in despatches during the Great War.
13. Vassar College, Poughkeepsie, New York, was founded by Matthew Vassar a kinsman of Guy's, who intended to found a hospital modelled on Guy's will, but was persuaded to found a College for the Higher Education of Girls. John Harvard a native of Southwark, helped to pay for the foundation of Harvard College by selling the lease of the Queen's Head, site of which is within the purlieus of the hospital.
14. The last outbreak of cholera took place in 1849 and one of the foci of infection was in Snowsfield.
15. Rats from the underground passages provided the fleas which were used in experimental studies of the plague bacillus.
16. James Jurin was a powerful advocate of variolation and drew attention to the marked reduction of mortality from smallpox in those who had been variolated. Voltaire gained much of his knowledge of the practice from Jurin, but gave all the credit to Lady Mary Wortley-Montagu.
17. Gowland Hopkins shared the Nobel prize in 1929 for his work on accessory food factors now known as Vitamins. He was associated with Guy's as technician and student and was particularly interested in micronutrients which he emphasized in his lectures to students before leaving for Cambridge.
18. Sarah Swift was Matron of Guy's from 1900 to 1909 and played a big part in setting the high standards of Nursing which was recognized by her appointment as Dame of the British Empire.
19. The name given to those who robbed graves to provide cadavers for dissection. Sir Astley Cooper who claimed that there was no one however high his station in life whose body he would not obtain for dissection. This led to the Anatomy Act in 1832.

20. Joseph Towne, a native of Royston, was appointed modeller to the hospital on the recommendation of Sir Astley Cooper and produced one of the finest collections of models illustrating skin diseases in the world as well as superb models of anatomical dissection. He carried the secret of his success to the grave with him.

Nurse education once again appears to be at a crossroads. With a projected cut of twenty-five per cent in nurse-teacher training, the establishing of a commission to examine nurse education in the United Kingdom by the Royal College of Nursing may not be wholly inappropriate.

The English National Board has also announced its intention to review both the syllabus for general nurse training and basic nursing examinations. The conclusion of the research by Marjorie Gott (*"Learning Nursing"*, R.C.N. publication), which considers the teaching of practical and social skills in three hospitals served by three schools of nursing, suggests that a review of present training is essential.

Information, sharing of ideas and correlation of work between the working groups should be helpful. Consultation papers for discussion with the profession could be vital. While student nurses continue to form such a large proportion of the work force, radical changes in the way in which learners are prepared for registration will have instant and far reaching implications for providing continuity of nursing care.

Just as evaluation of implemented care is the key to improved nursing practice, so is evaluation the key to improving the preparation of students for registration, continuing and higher education. Nurse teachers may shortly have a unique opportunity to feed back their appraisal of all that is good in nurse education. It should not be missed.

The results of statutory examinations here at Guy's continue to be pleasing:

Written Assessment for Pupil Nurses (General)
October '83 100% February '84 82%

Written Examination for Student Nurses (General)
January '84 93%

Post-registration Sick Children's Nursing
January '84 90%

Post-registration Psychiatric Nursing
January '84 100%

N. Thistleton, Senior Nurse Tutor

Physiotherapy

Although the official report following the C.S.P./C.P.S.M. inspection in March will not be received until mid-summer, it seems likely that we shall be found wanting in several areas – notably in respect of the numbers of senior physiotherapists and teachers available to educate our students both in clinical and classroom settings. As far as teachers are concerned, the published guide-lines ask for a staff:student ratio of 1:10, whereas ours is presently nearer 1:15. When it comes to clinical teaching, in which the senior practising physiotherapists play a major rôle, we are handicapped – as are most of the long-established physiotherapy schools – by the historical notion that students are expected to carry a work-load with the consequence that trained staff numbers are very low.

We have known for many years that other London teaching hospitals which do not have schools of physiotherapy have a funded establishment at least fifty per cent larger than our own.

The mood within the pre-registration department of the C.S.P. has moved sharply towards an emphasis on education rather than on apprentice-like training and students are expected to be regarded as supernumary to the trained staff when it comes to patient treatment. If this is achieved, it becomes possible to put students into an area for specific experience – say, in the treatment of medical chests or of orthopaedic conditions – and to withdraw them after a length of time deemed appropriate for them to have fortified their theoretical learning with a dose of practice, without disrupting the service supplied to the patients by so doing. If the students' clinical attachments are on a continuous rota on the other hand, the patients they treat at any given time may not be suffering from conditions they have recently, or yet, studied in school; and if they are missing – because of illness or a special visit or lecture – the work remains there to be done by whomever is left in that situation, on top of their own patients. Obviously, we try to coordinate classroom teaching and clinical practice and we try not to make the students an essential part of the labour-force, but we know we are only partially successful and our visitors have pointed out to us how partial this in fact is.

Some years ago we estimated, on the basis of the minimum number of clinical practice hours that we are bound to give students, that one second- or third-year student roughly contributed the equivalent of a quarter of a qualified physiotherapist's work. That was on the assumption that this practice can be regarded as a "service" contribution, but if we must look at it as a "laboratory" or "workshop" element of their training, it would be improper to take it into account at all when calculating the numbers of staff needed to treat a given number of patients or service a given number of beds.

We have at other times drawn attention to the plight of the senior physiotherapist with the multiple demands made upon her to educate her students, train up her basic grades, treat her patients and develop her managerial capabilities. How are we to reconcile her present problems and, in addition, require that students should be better supervised and taught while being discounted as a labour source? One answer, to increase the staff, both clinical and teaching – whilst highly desirable from our viewpoint – is hardly palatable for administrators and treasurers. The other, to decrease the size of the student intake, may alter the staff:student ratio, but it decreases the financial input to the School by reducing the number of grants and it still leaves the patient to be treated – by whom?

As said, we do not know what the recommendations will be, but, if they are what we expect, we do not know what the solutions will be either.

Ronald Cooper

Book Reviews

"Stroke Care: an interdisciplinary Approach". Edited by Gill Lubbock. 1st Edition. Pp. 252. Price £4.95. Cover: Soft. Published by Faber and Faber.

This paperback book, edited by the Superintendent Physiotherapist at the Royal Devon and Exeter Hospital, sets out to explain the interrelationship of the specific skills of the several professions concerned with the care of stroke patients.

The contributors include a consultant physician, a geriatrician and general practitioners (all of whom lecture at the university of Exeter Post-Graduate Medical School), a neuropsychologist, a sociologist, a dentist, social workers, O.T.'s, a speech therapist and Miss Lubbock herself.

The range of the book is broad and, therefore, inevitably rather shallow, but it skillfully avoids repetition – all credit to the editor – and contrives to give an integrated and succint account of the other fellow's point of view and his aims and objectives – which turn out to be much the same as one's own. Throughout runs the thread of collaboration and unification of effort to achieve agreed goals and I would take this book to be a major contribution towards better understanding of the work of each of us, the one with another. To compensate for the shallowness is a list of references at the end of most of the chapters so that the interested reader can probe more deeply into the subject matter. However, the main value of this book is more in the insight that it gives to the work of one's colleagues than in an account of one's own branch of the caring professions and on this score, I would recommend it strongly to physiotherapy students. I can recall the shock a few years ago on hearing that a Guy's team-teaching session on hemiplegia for medical students was to have no contribution from any therapists and I am sorry that this book was not then available to make good the deficiency. Today, I would recommend it to all those believing themselves to be striving in isolation to deal with the increasingly large problem. It will reassure them that there are others who have a real interest and a genuine contribution to make to its management and will reaffirm to the more enlightened that the whole is greater than the sum of its parts.

R. COOPER
Principal,
School of Physiotherapy

"Pocket Examiner in Endocrinology" by Mary Forsling. 1st edn. Pp. 164. Price £3.95. Cover S. Published by Pitman.

This is a physiologist's book, nominally aimed at "senior medical students and postgraduate students . . . facing . . . vivas", but in practice too detailed for the undergraduate and clinically flawed for the Membership candidate. It consists of 546 questions, followed by 546 answers, containing a mind-boggling number of facts, and no index. Personally I find that such books teach one very little, and I believe that performance in examinations depends mainly on knowledge, understanding and experience gained from "proper" texts, papers, or clinical work, and a little on luck, but certainly not on reviewing 546 answers per subject area of medicine. For quick reference, an index would have helped. For the genuine learner of enquiring mind, the frequent use of "modified by", "influenced by", "varies with", etc., will be infuriating (why not "raised" or "depressed" by?), and the vagueness is sometimes all-encompassing e.g. "Gynaecomastia is . . . largely due to the action of mammogenic hormones of the pituitary". The title does not include the word "clinical", to be fair, but the forays into clinical endocrinology are regular and sometimes misleading or outdated. On page one there is a list of books for Further Reading: amongst them are several short books more useful than this.

B. H. HICKS
Consultant and Senior Lecturer
Department of Endocrinology

"Acne: advice on clearing your skin" by Ronald Marks. 1st edn. Pp. 106. Price £2.95. Cover S. Published by Dunitz.

Professor Ronald Marks dedicates this book to his two spotty daughters. This is entirely appropriate since acne vulgaris is a common and normal physiological phenomenon causing hours of personal scrutiny and social awkwardness in the adolescent years. The author discusses acne folklore and carefully examines differences between facts and fancies.

Sufferers and their general practitioners alike will be interested in the therapeutic considerations of this book. Long term oral antibiotic therapy is likely to help approximately 70% of people after an eight week course. Newer treatment regimes including the retinoid group of drugs and cyproterone acetate/ethinyloestradiol combination drugs (DIANE) are compared with standard therapy. The relative benefits of "across the counter" items from astringent lotions to sun oils and comedonal extractors are scrutinised. We should resist wasting our money by responding to that little voice in many of us whispering that the more you pay for a product, the better it is likely to be.

Body image and other people's attitudes to acne are examined in a series of case histories. Dealing with depression requires time and it is important for it to be recognised in particularly sensitive people.

I can recommend this book to patients and their parents. It is informative and very readable.

C. B. ZACHARY
Registrar
Department of Dermatology

"Parasitic Disease in Man" by Richard Knight. 1st Edition. Pp. 244. Price £8.50. Cover: Soft. Published by Churchill Livingstone.

This book departs from the style of the conventional textbook in which the parasitic diseases would usually be described one by one as separate entities. Instead, the author has adopted the novel approach of considering the diseases collectively from the standpoint of the different disciplines of applied zoology, epidemiology, immunopathology, and clinical practice. The clinical section is further subdivided, so that the systematic and local manifestations of parasitic disease are described in separate chapters relating to the various body systems affected. In addition, separate chapters are devoted to diagnostic methods, chemotherapy, and the control of parasites within communities.

The book contains a wealth of up-to-date information, including much that is not to be found in the more conventional textbooks. Because of the unusual arrangement of the subject matter, however, a complete account of any individual disease and its infective agent may be obtained only by the somewhat tedious process of referring to virtually every chapter.

For that reason, this is probably not a suitable book for the undergraduate medical student, whose available time for the study of this important aspect of

medicine is limited by the current structure of the curriculum, and who therefore seeks to obtain concise information as quickly and as easily as possible. For those who wish to pursue the subject further, however, this is, in the reviewer's opinion, a scholarly work, written in good, easily readable English (apart from an incomprehensible paragraph at the top of page 39 resulting from a printing error), which presents all the essential data concerning the specific parasites and parasitic diseases, set in perspective against the broad general principles of the subject as a whole.

A. L. JEANES
Honorary Consultant
Department of Microbiology

"Clinical Reactions to Food". Edited by M. H. Lessof. 1st Edition. Pp. 222. Price £14.50. Cover: Hard. Published by Wiley.

Daily, thousands of doctors in Britain are answering, sometimes with thinly veiled irritation, the question "could it be food allergy, doctor?" The question is asked in reference to complaints as diverse as Justin's temper tantrums, Aunt Maud's multiple sclerosis or the diarrhoea that came from Torremolinos. Food allergy has had an abundant press and, for the uncritical and unscrupulous, has no doubt made an abundant pile. In a scientific counterbalance to all the hackery and quackery, Maurice Lessof has gathered contributions from an impressive assemblage of experts in fields of interest as diverse as nutrition, immunology, migraine, psychiatry, paediatrics and gastroenterology. The title of the book belies the difficulty of finding a term which will embrace a wide variety of clinical disorders, which have some sort of relationship to eating food while avoiding any immunological connotation. Because a vast number of clinical disorders are thought by doctors and their patients to be related to food, this gives a very wide scope. That this scope is too wide for a book of this size is perhaps reflected in the contribution by Professor Macdonald who reviews diet and the epidemiology of disease in the first chapter. However, the wide scope of the book is no doubt aimed to correct the false assumption that a clinical reaction occuring soon after a particular food ingested must be allergic in nature. Other chapters deal with psychology of eating and its disorders and the relationship of migraine to foods. The main strength of the book does lie in the sections dealing with these more directly food related disorders such as coeliac disease and true food allergies. An up-to-date review of coeliac disease, the best documented structural disorder of the gut directly attributable to the single dietary component concludes the book. This section makes fascinating reading as it would seem that despite an immense amount of immunological research on this disorder, the authors conclude that immunological mechanisms have not been directly incriminated as initiators of the mucosal damage. Elsewhere, are useful clinical guidelines on the investigation of food allergy and to those dealing with clinical reactions to food, this volume will provide a feast of facts not larded with half-baked ideas and should provoke more clinical research into the harms which may befall us from the food we eat.

P. E. T. ISACCS
Senior Registrar
Department of Gastroenterology

"Menarche" by Shena Golub, 1st edn. Pp. 331. Price £26.00. Cover H. Published by Lexington.

The menarche and indeed the whole of puberty has yet to be fully investigated and understood. Endocrinological bare facts are known, but the central basis for the complex change which occurs is still unknown. Physical changes such as achievement of critical weight have been documented. Social implications and psychological effects of menarche remain virtually unstudied. This book devotes much of its attention to these latter problems and almost universally, the authors conclude by welcoming further research in the area.

Like many published summaries of current scientific topics, this is the proceedings of a scientific meeting which was certainly unique in the breadth of specialities collected to discuss such a specific topic – sociologists, psychologists, psychiatrists, physicians and gynaecologists. However, it suffers from this diversity. The endocrinology lacks "science" and much time is spent theorizing. Many of the conclusions to me seemed obvious.

To somebody who wishes a detailed, in depth discussion of menarche and puberty, there are probably better sources dependent upon from which angle one is looking.

That said, I find aspects of the book interesting and it certainly stimulated thoughts for further study in this area. A prime theme that comes through is the need for education of the pre-menarchal girl and her mother to defuse the onset of menses as a crisis in the young girl's life. That may also include the father. I certainly was intrigued to see that, in one study, girls experienced more dysmenorrhoea if they hid their menarche from their father.

In summary, it is a book that a medical library might buy if there is an active adolescent unit in the hospital concerned. As a text for the general paediatrician or gynaecologist, I would not recommend it.

T. COLTART
Consultant
Department of Obstetrics and Gynaecology

"Pocket Examiner in Obstetrics and Gynaecology" by Peter Bowen-Simpkins and David Pugh. 1st edn. Pp. 243. Price £4.95. Cover S. Published by Pitman.

This is a further attempt to provide a short cut to revision, or at least to provide a structure for a revision programme for the pre-examination student. The authors' approach is a series of commonly asked questions and appropriate short answers. In general, both the questions and answers are middle of the road and certainly of a standard likely to be sought in undergraduate Obstetrics and Gynaecology. The suggested reading list is traditional and adequate for good coverage of the written requirements. Obstetrics is covered in 532 questions and gynaecology in 307. Answers vary from a single statement to half a page. Useful references to the recommended texts are made at the end of each answer.

How a student would use this book is questionable. Perhaps short written answers to each question would be most appropriate. Alternatively, two students working together may gain most benefit in a viva type situation. To use it usefully, however, will require committment and time.

In summary, I feel the Pocket Examiner is really for a student who has completed his revision programme and wishes practice in answering questions likely to be asked in an oral or viva examination.

M. CHAPMAN
Senior Lecturer and Consultant,
Department of Obstetrics and Gynaecology.

"A Manual of Accident and Emergency Resuscitation." Ed. Robertson and Little. 1st Edn. Pp. 181. Price £3.95. Published by Wiley and Sons.

This manual is one of the truly pocket-sized books, and is therefore likely to be carried around and used.

However, the contents of the book are in no way small. Its title is a true indication as to what is inside. It sets out in a simple logical way to explain what should be done in certain emergency situations. Its format is necessarily didactic: it does not discuss finer details of treatment, but tells what should be done. This aspect may not be to everybody's liking, but I think that it is essential if treatment is to be quick and efficient.

In the chapter on shock I think, unlike the authors, that both type, and rate, of administration of fluid are important.

This manual covers all the important aspects of resuscitation in A&E. It was easy to find the appropriate section, and once found, easy to follow.

I would recommend everybody who deals with resuscitation to carry a copy around. I will.

A. J. MARTIN,
Senior Registrar,
A&E Dept.

"Practical Nursing" (Nurses Aids Series) by Margaret Clerke. 13th edn. Pp. 407 Price: £3.50. Published by Baillière Tindall, London.

This book is divided into five parts, and ranges from historical to present day nursing. It contains useful information and is concisely written. Regrettably the information is fragmented, for example the Nursing Process is described in Part 1.4 followed by a technical account of the physical environment of the patient in Part I.5, whereas Nursing Assessment related to the Nursing Process is in Part I.6. Assessment is included in the daily activities of living in Part II, and then assessment and monitoring are again dealt with in "Technical Nursing" in Part IV.18. There is no record of who carried out care, or made recordings in the nursing process documentation included on pages 67, and 92–94. This is an important omission.

I would have reservations in recommending this book to learners, mainly because of the fragmentation.

K. S. EELES
Senior Nursing Tutor

"Self-assessment in Obstretics and Gynaecology" by John Studd, Donald Gibb and Ian Brown, 1st edn. Pp. 208. Price £5.50. Cover S. Published by Blackwell Scientific Publications.

This book aims to provide a means to assess the knowledge of obstetrics and gynaecology of students taking examinations. The preface suggests the presumptive assertion that by answering MCQ questions on a particular area correctly, the student can assume knowledge of that area. However, its second goal, i.e. that of familiarising the student with the MCQ method in the area of obstetrics and gynaecology, does justify the existence of the book. To that end it succeeds.

The authors suggest that some answers are debatable. With this I would agree. While accepting this promotes discussion and stimulates further reading, it can be very disconcerting for the student who may use this book as a final revision text. Indeed, I would stress that the student must not regard this book as definitive, and therefore use it as an addition to normal study. That said, I could find only a handful of controversial answers and a number of these were due to grammatical interpretation rather than factual disagreement.

In summary, this is a worthwhile book as an aid. The bulk of the questions are fair and provide useful pactice for pre-examination training.

M. CHAPMAN,
Senior Lecturer and Consultant,
Department of Obstetrics and Gynaecology.

Correspondence

Typhoo(n) in a tea-cup

Dear Sir,

The *Gazette* has always thrived on storms in tea cups, and the Wag Mag indiscretion is just the latest example, for which those responsible must now be biting their tongues. And which of us has not, in adolescence, been equally indiscreet – and paid the price. I cannot believe that any but the most bigoted among those so absurdly calumniated would feel much offended or would not realise that the young perpetrators were activated by anything more than a silly effort to be funny – at someone's expense, of course, and no one suffers more from such 'humour' than we natives of these isles.

But there remains a more disquieting side to this affair. It is a fashion of this supposedly enlightened age, indeed it is almost a fetish, for minorities, overburdened with their own selfrighteousness, to censure the sins of others rather than observing their own shortcomings. Criticism of the police by a vociferous and perhaps not very well behaved minority of the public is an example. It will be a similar travesty of the truth if the current spate of censure beginning to flood your pages is allowed to splash indiscriminately over the Guy's community at large, as it is likely to do in the minds of those who read your journal, and in the mass media, who will as usual identify the misdemeanours of a few with name and fame of an institution which does not deserve such opprobrium. Guy's Hospital and its Medical School has always been a place of tolerance and friendliness. I have been associated with the School for almost 30 years. As I noted in your December issue of 1980, it is a most cosmopolitan college, staff and students alike. One year I counted at least thirty nationalities in the Department of Anatomy alone. Like other departmental heads I actively encouraged a multiracial staffing, believing that it helped the spread of understanding and goodwill, though our students showed overwhelmingly that no encouragement was needed.

Let what blame is right and proper be directed to the miscreants involved in the Wag Mag affair, but in the name of justice and truth please see that the name of such an enlightened and kindly School and Hospital is not wrongly besmirched in your columns or by those news hounds always ready to associate a transient sensation with a great name.

Yours faithfully,

ROGER WARWICK
Newcomen St.
S.E.1.

Wiktor de Sade?

Dear Sir,

I, too, was delighted to read the March News in Brief announcement of the engagement of your sports correspondent to a physiotherapy student. However, I hope that he will not be misled by a report in the same issue from the Pupils' Physical Society into believing that she may not know the meaning of pain.

Yours faithfully,
RONALD COOPER
School of Physiotherapy

Not the Bore Report?

Dear Sir,

Is it possible that the Bore has at last gone into long overdue retirement? Or was last month's concluding parenthesis merely put in by a fascist assistant editor?

Absent Bore or not, allow me to congratulate the Physiotherapists on their excellent Ball; how nice it was that those animals who insist on sustenance around the hall were not present. Nevertheless, one loo roll was seen to annihilate some by-standers' table Animal time is getting a bit boring boys!

Nice to hear that the Penetrators had a successful weekend binge recently – Clapham Common saw their art in frisbee wielding. By all accounts this was a great improvement on the Rugby. And now a cricket team (gasp!).

The Union seems to be shuddering in the absence of J.R. Too few willing slaves seems the sad tale of old.

A rumpus in the Physiotherapy School – too few clinical staff eh? Stark contrast to the medical school – too few patients!

Can it be true that the cricket team actually won a game? And what has happened to the beautifully kept nest that the new cricket captain cultivated on his head?

With no more recent happenings to report I will retire to the Pit.

Yours faithfully,
MOICHAL XAVIER
Existentialist-in-Chief
Boland House

Floating Point

Dear Sir,

Further to Eugene Bore's accusations in the *Gazette* of 7th April 1984 concerning the Boat Club, we wish to put the story straight.

Eugene reports that the Club has such good boats that they spend much of the time being borrowed by other colleges. To answer Bore's allegations – yes we believe we have lent one or two boats on very few occasions, for instance our two novice training eights to two of Italy's finest crews in the Tideway Head, but at other times we have borrowed boats when we have been in need.

He is correct in saying that we have good equipment which has been purchased and superbly maintained due in great part to the strenuous efforts of the club members. At a time when Bore reports of apathy amongst Guy's students surely he cannot have failed to notice that the Boat Club stands out as the club putting on more social events in Boland House than any other club. From these we make money to fund our capital expenditure. One glance at the finance reports of 1983–84 shows the Boat Club Dance Fund at a staggering £994 which has now been put to use in the purchase of equipment. We are also grateful for the support of the Clubs' Union from which all major clubs at Guy's receive good financial support and to our past members who generously donate money to club funds.

Bore also makes no mention of the other activities of the club. Does he know that a recent sponsored row raised a very considerable sum of money (still coming in) for the Evelina Childrens Hospital Appeal?

It will also not have escaped Bore's notice that unlike other major clubs the Boat Club makes use of its facilities all year round.

Also we have not been without success in the last few years winning several inter-hospital and inter-collegiate trophies.

So come on Eugene, let's not knock a club which is Guy's oldest, founded in 1824 according to the Amateur Rowing Association, and one of our most successful clubs in recent years run by an enthusiastic and hard working group of Guy's people. Might we suggest that Bore's kind of journalism would be more at home in *The Sun* or *Daily Star* than in an otherwise excellent journal, the *Guy's Hospital Gazette*.

Yours faithfully,

A. J. B. JAMES
Captain of Boats 1982–83
A. G. WILLIAMS
Vice-Captain of Boats 1982–83
Boland House

Sport

Introduction

During this blustery spring the cricket season has produced a rousing start with three wins and only one defeat in the first eight games of the season. This has included a maiden century for new skipper Chris Pocock as well as the excellent (if rather close) victory in the first round of the Hospitals' Cup against St. George's.

The Tennis Club, too, has had an encouraging start to their season with many new players taking over from the resident geriatrics.

The spring tours of the Rugby, Football and Hockey clubs have given way to the more sober (really?) atmosphere of the club A.G.M.s. These have resulted in the appointment of Jamie Leigh as 1st XV Rugby captain and Stuart Mellor as 1st XI football captain. We wish these new leaders, and old clubs, a good summer's rest in preparation for the rigours of a new season.

W.Z.

MEN'S HOCKEY
Tour to the Folkestone Festival 1984

After checking in at a rather fusty guesthouse with a very manic receptionist, the team once more boarded the pastel-green VW-minibus and hurtled off to the Festival hockey pitches. For those who had never been on tour to the Folkestone Hockey Festival before, the ground was most impressive. After a full season of Kent Division 3 cabbage-patches, this place looked like so many bowling greens.

Shouldering sticks long unused a somewhat slap-dash XI strolled grinning onto the lawns, looking as if SLAP and DASH was the last thing they would do. A copy of the Festival Programme also elicited some mirth, not only because half the players listed under Guy's Hospital were not present, but also because none of the playing records could possibly match ours: PLAYED – 135; WON – 40; LOST – 95; FOR – 77; AGAINST – 263!

Although the pre-match talk of our redoubtable Capitano has since been enshrouded in mists of oblivion, it must have been something like this; "Well boys, I think we should get to grips with balancing the scorecards. Let's go hard from the start and don't forget we are definitely the prettier side." In spite of unbridled diffidence the other ten felt obliged to agree.

Played in hot sunshine, the first game was disappointingly drawn. Chances were missed unluckily, but the terrier-like enthusiasm of the true-grit northern 'Occasionals' was well thwarted by talented southern apathy.

Supper was eaten at the oddly closeted Chinese just down the road from the Hotel. Then across the way to the Lambourne Hotel bar. Here better games were played and superior performances given. Ro-Binge Russell again led the way in a very committed manner. The first part of the evening was ended with a knock-out Down-in-one competition where 'Russ' was surprisingly beaten by the goal-saver of the afternoon. The team decided to move on, setting up camp in the Hotel where St. Thomas' were staying. Some carried on drinking while some watched Apocalypse Now – Hey Man, I thought YOU were the CO round here – on the video. The first night of the tour ended very satisfactorily with the abduction and subsequent dumping (sadly unwedgied) of one of St. Thomas' prime wallies, in his pyjamas, some distance from his Hotel.

In none of the games was any colourful hockey played really, apart from fleeting moments telling of better times past and we hope better times in the future. Guy's even failed to beat St. Thomas', perhaps because we were confused by Colin Hunter-Craig shouting for both teams from the sideline. The other games played against Old Peculiars, Folkestone Pessimists and the rather arrogant Old Canterburians were lost. However the bitterness is not really justified. Enthusiasm was shown by most, particularly the ever youthful (useful) 'Beast', John Black notched again, and especially off the pitch morale was sprightly.

Mention must finally be made of Real Club de Polo Barcelona, the official guest-team to the festival, whose sweeper (a three times Olympian) was classical, staggeringly skilful, in short A-M-A-Z-I-N-G. The exhibition match was Ace!

Team: R. Russell, T. Brink, N. Calver, J. Dixon, J. Gregg, P. Jani, M. Murch, D. Pickering, T. Sethi, G. Thorpe-Beeston.

Tomm

CRICKET CLUB

Guy's v. Beckenham

This year's skipper, Chris Pocock, arrived at Guy's back from holiday on the Tuesday before Saturday's game only to find the core of last year's team either away on electives or otherwise unavailable. The usual pre-season drinks party, kindly donated by our president Dr. Scott, had consisted of our skipper attempting to remain polite while talking to qualified staff and to show boisterous enthusiasm when confronted by that rare breed, the 'fresher cricketer'. The party, although useful in reforging contacts with past players, failed to bolster the quality of two teams of dubious cricketing ability destined to represent Guy's over the weekend. Thus skipper approached the game with some trepidation.

Skip awoke Saturday morning with an unwelcome number of contenders for the nine, ten and eleven spots and our so-called batsmen looking rather ferrous with pre-season rustiness. In order to prolong the game until the bar opened it was essential that the oppo' batted first. Luckily a two pence piece capitulated and Guy's took the field for the first game of the season.

The new cherry was given to the Irish Fool who predictably elected to run up the hill into the wind. The fourth ball of the over resembled the variety that Vivian Richards hits over extra cover for six. However the Beckenham number two failed to aspire to such heights and the ball flew in the direction of the head of 'No Hands' Russell who had mysteriously appeared at second slip. Flinging his hands into the air in a gesture of self-preservation the ball amazingly lodged between the thenar and hypothenar eminences of his right hand and decided to take sanctuary there for a while. The batsman unable to relate to this amazing quirk of fate failed to walk for a thick edge which on the evidence of unbiased observers had measured 5.4 on the Richter Scale. As the umpire's finger signalled the opener's immediate fate a further slip was heard to comment that Beckenham batsmen only walk when they run out of petrol. After this initial shock the expected run accumulation of the Beckenham batsmen proceeded. However, wickets from Pocock & Jani, aided by good catching from the field, reduced Beckenham to 87-5 and put Guy's in a promising position. Unfortunately two experienced batsmen had been reserved until the lower-middle order and a partnership of 83 ensured that Beckenham were able to declare at 208–8 (Pocock 3–74, Jani 3–24).

The first three Guy's batsmen consisting of Brink, Masani & Pocock all looked capable of scoring runs on paper (nothing to do with last night's curry). However, a mixture of horrendous circumstances which are far too painful to relate resulted in Guy's standing at 1–4 (yes, that's right, one run for four wickets.) At this time skip had to restrain the rest of the team from leaving and himself from committing grievous bodily harm. There then followed a spirited recovery that nearly saved the game for Guy's. This consisted initially of a partnership of 20–19 scored by 'No Hands' and 1 by Matthew 'Tavaré' Davies. Another brief collapse saw Guy's reduced to the depths of 32–7 until Tavaré was joined by the Irish Fool. This partnership looked capable of saving the match until tactics by the Beckenham skipper resembling the combined treachery of Blunt, Philby, Maclean *et al.* contrived to take the wicket of the Fool. The chain of events was as follows: Beckenham skipper bowls to Tavaré; ball strikes dorsum of foot; Tavaré goes on informal walkabout in direction of fine leg; Beckenham slip cordon falls about laughing; Fool strides up the pitch in order to impart his extensive knowledge of lesions involving the distal portion of the hind limb on the wounded Tavaré; ball is returned to the Beckenham skipper who in an act of gross unpleasantness removes the bails to run out the Fool for a spirited 11.

Following the above débacle, Guy's were finally dismissed for 72 and defeated by 134 runs. The extremely fat Beckenham opening bowler returned the disgusting figures of 7–12.

Undaunted by the heavy defeat and amusing themselves with the well-loved practice of abusing the opposition's skipper (not entirely unaided by the opposition themselves I might add), the boys put up a fine performance in the bar. The seven of the team remaining at 21.30 informed 'No Hands' that his Maxi had been elected team bus; and with the Fool and the Desperado occupying the boot, the majority of Guy's 1st XI arrived safely back at the bar under one roof.

Team: Pocock, Brink, Masani, Jani, Davies, Russell, Carruthers, Hyder, Shannon, Mellor, Gardner.

Guy's v. King's College Hospital

The first away game of the season played

at Dog Kennel Hill saw Guy's outclass a King's side but being unable to force a win, the match finishing as a draw. Guy's batted first and reached 194–6 declared, the main contributions being from Brink (62), Pocock (39), Masani (36) and Zbrzezniak (30). When King's batted Guy's looked likely victors with the score at 40–4, but some extremely fortunate batting by the late order saved the game for King's who finished at 172–8. Good bowling performances were returned by Williams (2–44) and Mohan (2–19).

Team: Pocock, Zbrzezniak, Masani, Brink, Williams, Hyder, Davies, Shannon, Thomason, Mohan, Bhupal.

Guy's v. Temple Sheen Eccentrics

This match played at HOP resulted in Guy's first victory of the season by the comfortable margin of nine wickets. A fine bowling performance from Guy's especially Dargan (4–11) and Williams (2–24), resulted in Temple Sheen being dismissed for 71. In reply Guy's cruised to victory in seventeen overs, Masani 38*, Cranston 19*.

As the game finished at 5.15 the oppo' challenged Guy's to a ten-over beer match. This Guy's also won comfortably reaching 104 in their ten overs (Pocock 50), and limiting the opposition to 69.

Team: Pocock, Jones, Masani, Cranston, Brink, Russell, Davies, Williams, Leonard, Shannon, Dargan.

Guy's v. London Hospital

The first all day game of the season resulted in a creditable draw for Guy's against a strong London team. On a good pitch the London elected to bat and with a fresher making a century on debut, they were able to reach 246–7 declared, Pocock 4–46. In reply the Guy's batting also looked impressive. Scores of 37 from Masani, 56 from King and 41* from Pocock enabled Guy's to bat for over three hours to reach 170–6 and earn a deserved draw.

Team: Pocock, Jones, King, Brink, Zbrzezniak, Russell, Davies, Dewji, Shannon, Tucker.

Thus the first five games of the season resulted in a win, a loss and three draws, a very satisfying record after the first game. The most disappointing thing about the start of the season is the lack of emergence of any class freshers although some promising off-spinners have appeared. Despite this I am confident that Guy's will make a serious challenge this year in the Hospitals' Cup. With class players like Tunnadine, King, Cranston, Rees, Williams and Leonard all still available, Guy's have a potentially phenomenal all-round side. However, with availabilities not always clear-cut I am in danger of speaking too soon.

Diver's Boots

LAWN TENNIS CLUB

The '84 tennis season started off with a league game against the present Cup Holders, Bart's. The team consisted of six 'new' players, as most of the regular players were involved in tests and elective programmes. Bruce Lewis, Jeremy Gregg, John Refson, Peter Cliffe and Geoff Ramin, with Ed Sheridan deputizing as captain, made up the team. Bart's proved too strong, defeating us 8–1.

The next league game against St. Mary's was at H.O.P. Most of us playing our first game on grass. This time an almost completely changed team turned out to face our opposition at home. The team consisted of: Guy Thorpe-Beeston, Seiffy Shaheen, Bruce Lewis, Marc Laniado, Shuaib Nasser and Naresh Joshi. The St. Mary's firsts with their 'Welsh International' proved too strong, easily winning all three of their matches. Our team clawed back, our second pairs matches won on tie-breakers. Guy's finally won 5–4, with one minor casualty.

The United Hospitals LTC has abolished the two tier system, amalgamating the lower division with ours. With the possibility of relegation eliminated we have decided to encourage as many different players as possible to partake in our League games, reserving the Cup matches for the more regular members.

This year the LTC is organising a 'Marathon Tennis Game' with all donations going to the Evelina Children's department. This will be in the form of mixed doubles and will take place at the hospital courts, next to the Tower, on the 16th of June. I hope you will all sponsor individual tennis players.

We look forward to the start of the ladies' season and wish them the best of luck.

The LTC or any of its officers can be contacted through Boland House. Please support our charity game.

N. Joshi

MOUNTAINEERING CLUB
The North Wales Trip

After arriving late on Friday night, we woke promptly at 7.00 am. Suddenly realising that our leader was not amongst us this weekend, we went back to sleep for a couple of hours, and it wasn't until after a leisurely breakfast and several hours relaxation that we finally left the car in Llanberis Pass to begin the long slog up to Cyrn Las.

The three of us had set out to climb 'Main Wall' on Cyrn Las, a 470ft. 3-star route. It certainly looked impressive as we approached in the blazing sunshine. There were several parties on the route already, so we settled down to lunch at the bottom, dodging the occasional falling rock! Once we were climbing the rock was warm and the exposure breathtaking. There was however, 'a bit of excitement' when the leader of the party in front fell 25ft., but he was unhurt and climbed on. The final pitch was superb, a delicate slab perched high on the crag – a fine finish to an excellent route. At the summit, the three of us basked in the evening sunshine, taking in the view – wondering which of us was 'Compo' and which one 'Clegg' (we couldn't quite decide) before descending into the Pass.

The Sunday dawned cloudy and cold and another A-team start (lunchtime) was definitely the order of the day. After much contemplation, we decided to walk into the Carneddau range to climb Amphitheatre Buttress (970ft.) on Craig-Yr-Ysfar. The walk-in was long but enjoyable and the climb excellent with Ian soloing and the A-team (Ben & Steve) overtaking 3 parties in fine style. At the summit the sun broke through giving a lovely view into the valley and we quickly settled down to contemplate life in general and, of course to decide who was 'Compo' and who was 'Clegg'. Finally, the mist closed in and we set off on the descent to the Ogwen Valley.

Bank Holiday Monday was windy but clear as we trudged up the track to the Idwal Slabs, admiring the views so frequently obscured in North Wales. We spent a pleasant hour soloing and watched the other climbers, before deciding to climb Heather Wall (VS) on the Eastern Flank. Except for a brief mishap when we managed to go off route, the climb was good. An excellent second pitch gave an airy traverse before an overhang on good holds brought us out into the sunshine. Incorporating the top two pitches of Tennis Shoe we had climbed 460ft. to the summit and felt quite content as we descended into the valley to begin the long journey home to London.

A memorable weekend indeed but we never did decide which one of us was 'Compo'.

Compo, Clegg & Foggy

RUGBY FOOTBALL
Blackheath Veterans 0, Guy's Veterans 26

As part of their 125th anniversary celebrations (Guy's 125th was held in 1968) Blackheath Rugby Club, widely recognised as the second oldest club, invited a veterans team from the oldest rugby club to a match on mid-December. This was played at the Rectory field immediately before the main match between Blackheath and Wasps, and this ensured a large crowd for the veterans match. Guy's veterans side was organised by Alistair Cook and captained by Stephen Challacombe.

Things looked a little ominous at the start since only 13 Guys men could be mustered. However, Blackheath as always had a surfeit of prop forwards and were able to lend a couple of players. It has to be said that these players gave great stability to the scrum and from this base Guy's were able to build up the magnificent scorline above. It is quite a while since any Guy's side has put more than 25 points over a Blackheath side without reply, but hopefully we shall see many more.

The Blackheath side contained an array of well known if aging stars. Ex-England players Jorden, Clarke and Bell were joined by many other familiar names including Bulpitt, Piper, Challis, Pilbeam and Benstead. The Guy's side included the club President (T. Gibson) no less than five Vice-President's (S. Challacombe, J. Brazier, R. Cording, A. Cook and C. Howell) amongst other "past" players M. Danford, D. Jones, R. Moore. The average age of the Guy's side was lower, and the average fitness greater so that in a very enjoyable match the speed of the Guy's side eventually led to five tries. These were scored by Danford, Challacombe, Jones, Cook and Gibson, three of which were converted by Danford. This was a fine match, played throughout in a good spirit (well almost throughout) and it seems probable that more regular meetings of veterans' sides might be arranged.

S. J. C.

RIFLE CLUB

Last term saw the re-opening of the Guy's Hospital Rifle Club which has sadly been in hibernation for the past four years. Since we have had difficulty in producing a range – only a temporary allocation is available at present – no matches have so far been possible. This term, however, in the full-bore season, we will be representing the hospital at Bisley in the Hospitals' Cup as well as in other National Rifle Association meetings. Several members have shown interest in a pistol section which we hope to open soon if we can find a suitable range.

Although rifle shooting suffers from being classed as a minor sport, the prestige which success may bring is not reduced as a result of this. The club at present has three members shooting in the London University 1st VIII – James Quinn, Simon Horner and Alex Howard – and previous members have included several internationals.

To continue to compete successfully we must have as many members as possible (our present membership is about forty) so if anyone – both men and women – is interested in spending a day at Bisley during the summer (total cost, including travel, will be about £5 per head) pistol/rifle shooting, please contact the Secretary or the Captain via the rifle club pigeon hole in Boland House.

Simon Horner (Sec.)
Alex Howard (Capt.)

SWIMMING CLUB

Waterpolo Tour 1984

Guy's Water-polo World Tour left from Guy's as a flash of red with walkmans to the fore. Several of the men's team revised their anatomy from leading medical journals on the way to Bath, the first stop. A cry of 'Team hats' resulted in Bath being stripped of anything suitable as headwear. Andy summoned the assistance of Skelly and was rewarded with a new line in ear muffs.

After check-in at the hotel a Team Mac was in order to supply the necessary sustenance for a hard match ahead. Several campaigners got lost on the way back, but using their wise old heads, they stopped to ask the way and were duly reunited with their fellow players for the match (no hiccoughs like last year).

A splendid performance from the men's team expiated last year's defeat. The captain, Dom, was in fine form with two goals to his credit and Old Bill added a third for a 3–2 win in a closely contested match. The ladies' team showed how their training has paid dividends with a superb 4–4 draw against a strong mixed team from Bath. Sian's scouting talents resulted in the new discovery of the year, Dominique, who displayed remarkable grace and elegance.

Both teams celebrated their performances modestly and Gill displayed some hidden talents at entertaining. Complete with our trophies for a courageous performance and with the added support from a native on the bus we went to a nightclub in Bath, the main highlight of which was Angie and the UV. Afterwards, Steven consulted some of his fellow officers and it was suggested that he should pursue a career on the bins. After a quick game of 'Raiders of the Lost Magazines' both teams were rewarded with deep slumber. A cry of 'I can't find the clasp' did little to shatter the still . . .

The following morning we set off on a hard day's travel to Dublin. Helen acquired a basket to stop her speaking and not content with hats and sweatshirts, Team Badges were the order of the day. Dom did a carriage crawl for us and 'Playgirl' Sian had a little tête-à-tête with a fellow traveller. Andy was relieved to find the train had stopped and onto the boat we embarked. The men watched the rugby on the television while a few of the girls contended with superbowl. A slight confusion set in as port was seen on starboard.

The search for Delaney's Donkey on the way to the hotel was unsuccessful but thankfully the Guinless were reunited after check in. A fine steak at Dominic's and a very rousing reception at a local hostelry provided the correct impetus for the evening's entertainment. A slow performance by the chairman, aided by his chief sneak, Neil, got proceedings underway.

Reckless Clare was heard to exclaim 'Put that camera away' or words to that effect and several chaps found it a bit chilly towards the end of the evening. Simon, overcome by the whole affair, nestled peacefully with his new red companion. The Dublin weather proved so wet that evening that Gill was forced to dry her clothing with a hair dryer and Steve had to sleep on a wet patch. J. Fleming narrowly missed sleeping in the wrong bed.

Sunday morning's preparation for the Big Match included another Team Mac followed by a brief tour of Trinity College. An attempted *coup d'état* by the ladies was successfully aborted by the men just as Hamilton Furniture Repairs went into action.

And so, to the Olympic Pool, where the men were taught a lesson in water polo by Trinity, losing by 18–2. The ladies were narrowly beaten by 5–3 but if Gill's two disallowed goals had been counted ... Katy's goal mouth talents were much in evidence. The men were narrowly beaten 5–2 by a club side before everyone adjourned the day's sport in favour of the medicine that is good for you.

As the interpreter left for Belfast the remainder indulged in boat racing which revealed the talents of Sharon. A souvenir hunt uncovered a little golden nest egg which was gratefully accepted. A pregnant boat forced an unscheduled rest stop for songs, Derby jumps and miniatures which passed the evening away until we were ready to board. On the way back, several hearts were set a flutter and Angela negotiated international connections down under.

The train journey home proved a useful time to catch a little deserved shut eye and after a team spit it was back to stern and grim reality.

Water Rat

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BIRTHS

FOX – On April 26th to Judith (née Wright) and Jonathan, a daughter Abigail Marya, a sister for Benjamin.

WATTS – To Rosamond (née Troughton) and Graham, a son – Patrick David born December 17th 1983 at the Barratt Maternity Home, Northampton.

DEATHS

CHALMERS, Dr. Donald Grant, Consultant Haematologist at Addenbrooke's Hospital, Cambridge, formerly of Guy's Hospital, died suddenly in Alderney, Channel Islands on 24 April 1984. A memorial service is to be held at St. Mark's Church, Barton Road, Cambridge on 26 May 1984 at 2,30 pm.

FINKEL, Wallace, L.D.S. – Suddenly in hospital on March 12th, 1984 subsequent to an accident. In practice in Palmers Green, North London, at Guy's 1944–49.

LAWRENCE, Ronald Coupar, L.D.S., R.C.S., who qualified at Guy's in 1942 and served with R.N.V.R. Practised in Honiton Devon. Died peacefully in Royal Devon & Exeter Hospital on February 17th. He leaves a widow Anne and three children, Michael, Susan and Stephen.

REYNOLDS, T. N. Dr. of 75 Chester Road, New Oscott, Sutton Coldfield died on 17th April 1984. Qualified at Guy's in 1946.

CHANGE OF ADDRESS

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NORTH YORKSHIRE Dental Practice. A vacancy exists for an Associate in Northallerton, N. Yorks. This would probably be most suitable for someone contemplating a career in general practice. Phone Northallerton 774094 and ask Lawrence Dobson (Guy's 1966). Enquiries from people expecting to qualify this summer would be welcomed.

SPAIN – Retired Guy's man offers advice/assistance: Property purchase, Costa Sol/Blanca. Mr. J. Mathews, Yew Tree Cottage, Rye Road, Sandhurst, Kent.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

The Residents' Play

June is busting out all over, and with it the inexorable myriad of written and *viva voce* 'tests'. Hopefully by the time this is published they will nearly all be finished, leaving the afflicted free to enjoy the rest of the summer. Some, less fortunate, will have to commence jobs at the beginning of August. House jobs, they say, are hard work and no doubt this year's new housemen (and women) will be going at it "*totis viribus*", ("*'totis puellis?*") until Christmas at least. Hence an idea that has just reached my ears (before Bore's?) concerning the formerly annual Residents' Play, may appeal to these assiduous resident doctors. The idea is to involve a few students, willing to give up some of their less valuable time, in actually organising and running the Residents' Play. Students available for the traditional Christmas-time production would include 3rd and 4th years, and of these, the 4th years would probably be of more assistance, simply because they would be acquainted with more of the actual hospital staff. Knowing the people is what the whole show is about. This is not offered to liberate the housemen from any responsibility towards evolving some such soirée, merely suggesting that a joint collaboration may provide inestimable advantages and restore the Residents' Play, once more, to its annual position.

Down your way

It has long been a fault of the *Gazette* that we here at Guy's are very parochial and tend to assume that the rest of Britain's medicine revolves around the alma mater. However, the *Gazette* is now prepared to see the a. m. turn in her grave as we start a series of articles about how life can continue outside the hallowed portals.

We are keen, not due to paucity of copy, but out of genuine interest to discover what happens to the majority of Guy's men and women. After all, even Guy's is unable to accommodate all its graduates without some of them spilling into the outside world.

What we are hoping, therefore, is that you, the reader, will volunteer to become a regional correspondent and keep us in London up to date with what is going on in your area, whether you are in general practice or hospital, medical or dental. The commitment need not be great – if all of you volunteered, each one of you need only contribute every 300 years.

We very much look forward to hearing from you, and are hoping for articles of between 500 and 1000 words, preferably with photographs and illustrations.

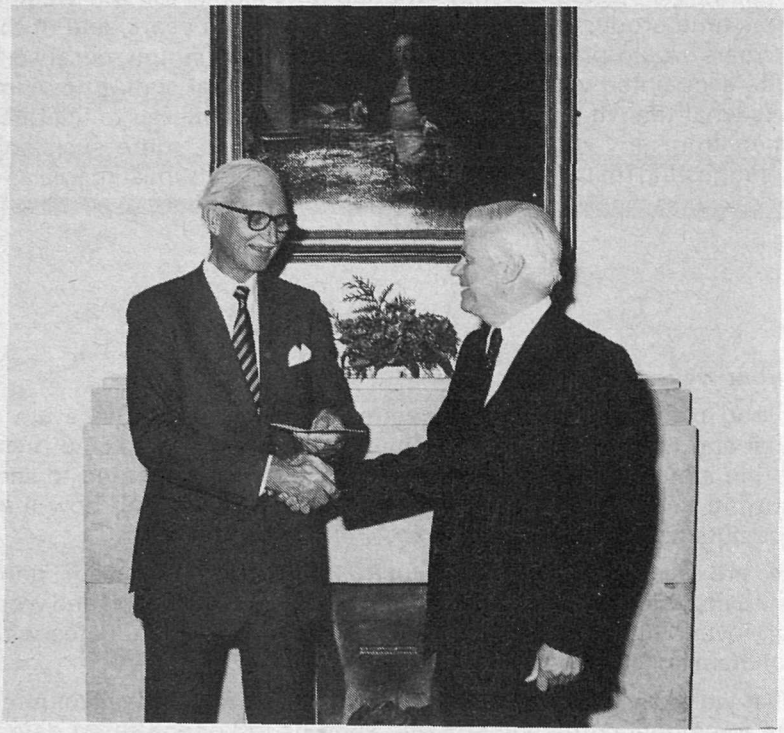
News in Brief

Prof. T. E. Oppé

Many congratulations to Prof. Oppé who has been awarded the C.B.E. in the Queen's Birthday Honours List. He is now Professor of Paedriatrics at St. Mary's Hospital and he becomes Dean of the Faculty of Medicine at the University of London in October this year. He qualified at Guy's in 1947.

Recent Benefactions

The Imperial Cancer Research Fund has given the United Medical and Dental Schools £2 million to endow a Chair of Clinical Oncology and to pay for the adaptation of accommodation for the new department. The cheque was handed to the School early in June.



Dr. J. C. Houston receiving the cheque from Mr. D. Innes Williams, chairman of the Council of the I.C.R.F.

The new Chair has been named the I.C.R.F. Chair of Clinical Oncology and is about to be advertised. The holder will also be the Director of the I.C.R.F. Oncology Unit at Guy's and this Unit will incorporate the existing I.C.R.F. Breast Cancer Unit. The I.C.R.F. is already spending over £0.75 million per annum at Guy's, and the annual expenditure from the new endowment will be additional to the present ongoing commitment.

The National Medical Research Fund has given the School an endowment of £200,000 to which Professor Cyril Chantler has added £50,000 which he had received from other sources, for a new lectureship in Paediatric Biochemistry.

Mrs. M. E. F. Banks of Poole, Dorset, has given the School £100,000, with the expectation of further support, and this is being used to fund the salary of a part-time Senior Lecturer in Radiology in the new Department of Radiological Sciences, established this year with the benefaction of £600,000 from the Philip and Pauline Harris Charitable Trust and headed by Professor M. N. Maisey.

Guy's Gazette Prints – Price Amendment

The Photo-facsimilies of various Hanslip Fletcher drawings are available, on order, from the *Gazette* Office. The Prices are as follows:

The Medical School, 1947	15″ x 12″	£7.00
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Hunt's House, 1948	15″ x 12″	£7.00
The 'Ship and Shovel', 1912	10″ x 8″	£3.50
The Quadrangle, 1925	10″ x 8″	£3.50

Please note that the copy of the recently acquired drawing of the Quadrangle costs £3.50 and not £8.00 as previously advertised in the May edition. We apologise for any inconvenience caused by this error.

Front cover

This month's front cover shows the magnificent United Hospitals' Athletics Shield, which was recently reclaimed by Guy's after a resounding victory at Motspur Park. For the full report see page 217.

Photography Club

A Photography Exhibition is to be held next term, for which the closing date is 19th October, 1984.

It is open to all students at Guy's and will have two sections: colour and black and white. The composition can be on any subject or theme and the minimum size of the print must be 5″ by 7″. No more than two prints per section can be entered by any one person.

All entries will be collected during the first two weeks of October by Kate Powell (third year medic), Mark Lambert and Piyush Jani (second year medics). Please write your name, the title of the photograph and details of how you may be contacted on the back of each entry.

The Exhibition will be held in the Gordon Museum.

Blues Awarded on 29th May 1984

Basketball

Half-blues: Paul Cornish, Martin Rough.

Boat Club

Full Blues: Martin Fleminger, Miriam Scadeng.

Half-blues: David Pryke, Romesh Rasanayagham, Alistair Ward.

Association Football

Full Blues: Andrew Jones, Ed Rytina, Keith Underwood.

Half-blues: Mark Allington, Tim Harris, Brian Jenkins, Navros Masani, Christopher Pocock.

Ladies' Hockey

Half-blues: Zena Brenchley, Alison Law, Yvonne Seaton, Janet Singleton.

Men's Hockey

Full Blues: Asim Khwaja, Robin Russell.

Half-blues: Thomas Brink, Neil Calver, James Dixon.

Rugby Football

Full Blue: Richard Docker

Half-blues: Lloyd Denmark, Matthew Hackett, Jamie Leigh.

Ladies' Squash

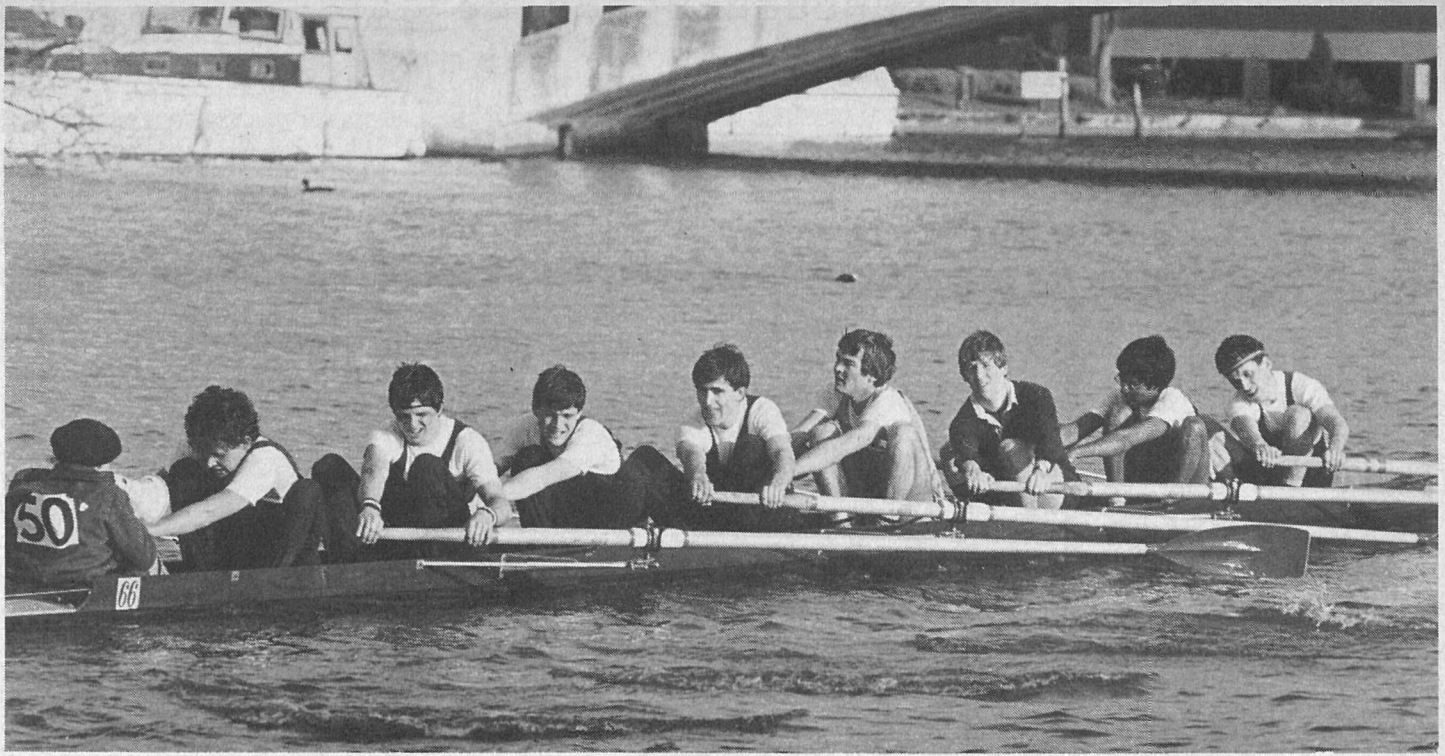
Half-blue: Wendy Harris.

M. C. E. Hutchinson
Hon. Sec. Blues Committee

Guy's Hospital Sponsored Row 1984 *in aid of the Evelina Children's Hospital*

After great indecision, it was eventually decided, as is perhaps the Boat Club policy, to row thirty miles in aid of a suitable charity. The Evelina Children's Unit seemed a worthy cause and an emotive subject. After much organising of crews and times, the 1st VIII did their row in appalling conditions, rowing the thirty miles in some five and a half hours, including some long periods spent in locks, thanks to Phil Ears. Not content to sit back and let the 1st VIII row away with the honours, the men's 2nd and women's 1st crews were represented in a 15 mile row each. These rows, totalling 60 miles, raised over £2,200 for the Unit – a great achievement for such a small club.

The club would like to thank the following for their help:
Mr. Bompas, Mr. Mansie, all those who sponsored the event especially Gill Harvey, Mr. R. Wingate, John Lewis Department stores, Lovells, Colgate-Palmolive, Mr. L. J. Schwartz, Seagrams, Gordons Gin, Mr. E. Roe, Bowden Sillett & Ptrs, Steiners, Costain Construction, The Halpern Partnership, and last but not least – the rowers, and coxes Miriam Scadeng and Michael Marsh.



The Boat Club

Left to right: M. Scadeng (cox), D. Peebles, A. Brown, M. Ferrari, M. Fleminger, C. Millson, P. Cousins, R. Rasanayagham and P. Mayes

The London Marathon

We should like to congratulate Mrs. Sally Williamson (née May) who completed the London Marathon in 4 hours 7 minutes. She was sponsored to the extent of £700 and this sum will go towards providing holidays for Cub Scouts.

New South Wales

A Guy's Reunion is planned at the end of the year. All Guy's people interested please contact Dr. and Mrs. R. A. J. Webb (Bob and Celia), 26 Sherwin Street, Henley. N.S.W. 2111. Ph. (02) 8171471.

Union Shop Summer Holiday Shopping List

Sweatshirts – black, white, navy blue, sky blue, royal blue, denim, grey, red, burgundy, green, yellow	£6.25
T-shirts – black, white, red, navy blue, sky blue, royal blue, green, yellow, burgundy, grey	£2.35
Sweaters – black, navy blue, red, camel, green, beige, sky blue	£11.50
Tracksuits – navy or black	£15.00
Jogging suits – burgundy, navy blue, grey, kelly green	£13.55
Crested ties	£3.60
Striped ties	£2.15
Rugby ties	£1.25
Guy's blazer badges	£2.66
Guy's scarves	£6.35
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Rugby and Hockey shirts to order	
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1½ cm diameter	£2.25
Guy's shield	£12.00
Notelets – set of 5	85p
Guy's 250th book	£1.00
Guy's etchings	£1.00
Postcards	5p
Key-ring	50p
Credit card holder	50p
Guy's diaries until February 1985	50p

Mrs. Winifred Wallis

Mrs. Winifred Wallis wishes to express sincere thanks for all kind messages and tokens of sympathy received in her recent bereavement.

Obituary

Arthur Wallis

Generations of Guy's men and women will be sad to hear of the sudden death on 30th May, 1984, of Mr. A. E. Wallis. On leaving school, Arthur Wallis worked briefly for an Estate Agent before coming to Guy's on 25th January 1932 as a clerk in the Medical School Office where he was to remain for the rest of his working life. During the War he served with the Royal Corps of Signals, mostly in the Middle East with the Eighth Army, and for a time he was wireless operator to General Sir Brian Horrocks. A number of Guy's men will recall with pleasure meeting him during their military service. On demobilisation he returned to the Medical School Office to which he was appointed Chief Clerk on 1st April 1956. He retired at the age of 62 on 31st October 1975. A major operation soon after his retirement restored him to good health and he was able to enjoy nine happy years in Sussex with his wife.

Arthur Wallis

It is no exaggeration to say that Arthur was guide, philosopher and friend to the large numbers of students who passed through Guy's during his years in the office and to many of them he remained a friend for life. His loyalty, his meticulous attention to detail, his friendly personality and his fund of common sense ensured the enormous success he made of his work for Guy's and the high regard in which he was held by everyone. He maintained a keen interest in former students and when a name came up in conversation could almost invariably supply initials, details of career and other activities. No institution ever had a more loyal or devoted servant and he will be greatly misssed. Our deepest sympathy is extended to his wife Winifred.

J.C.H.

Michael Humphry

Michael Jarvis Humphry, L.D.S., R.C.S. died peacefully at the West Suffolk Hospital on 30th April, 1984 at the age of 62. Having been forced to retire prematurely through ill health last August, he fought with great bravery against a relentless tumour. For nearly 30 years he was a Dental Surgeon in General Practice in Bury St. Edmunds, Suffolk, initially in partnership with Dr. Martin Johnson, and latterly as senior partner to a partnership of five.

With father and grandfather both Dental Surgeons, Michael was born in Dartmouth in 1921, educated at Blundells School, and after war service with the Seaforth Highlanders in Burma, qualified at Guy's Hospital in 1950. Following House Surgeon appointments at Guy's, he practised at Hastings and Claygate before commencing practice at the Suffolk market town of Bury St. Edmunds. Here he built up a very successful practice, with individual personal care of each patient and providing treatment most suited to that patient's needs.

He loved the work, he had a tremendous enthusiasm for dental surgery, and he enjoyed the social contact with his patients. He was concerned to provide care for his patients at all times, and saw it as part of his professional care that treatment should be available at all times as and when required, and not just restricted to normal surgery hours. He enjoyed the extra demands which these ideals placed on himself and the partnership.

But coupled with this dedication to his profession he will be remembered by his colleagues and friends for his extraordinary sense of humour and his great perception – an ability to see things for their true worth and not to be misled by their superficial appearance.

An enthusiastic golfer, he was a member of Flempton Golf Club and was a very keen gardener.

Until his retirement, Michael held the post of Clinical Assistant at the West Suffolk Hospital dealing with casualties and emergencies. He served with the local Dental Committee, and was a Dental Representative on the Suffolk Family Practitioners Committee from its inception in 1974 until his retirement.

Michael leaves his wife Pat, three children, Susan, Jonathan and Elizabeth, and two grandchildren.

All his friends, colleagues and staff give them our sympathy.

M.J.L.

Arthur James Patenall, M.R.C.S., L.R.C.P.

Pat died in his sleep at home in Alderney on 2nd June 1984 after a long illness which he bore with great fortitude.

He was born on 29th March 1915 and was educated at Brecon School before entering Guy's Hospital where he qualified in 1941.

After doing the usual 9 months' war time house appointment at St. Olave's Hospital, he joined the R.A.M.C. and served with the Eighth Army in North Africa and Italy where he fell ill and was invalided out of the Army.

It was some months before he had recovered sufficently to start work again and he prepared himself for general practice by taking a post in Obstetrics and Gynaecology at Guildford and in 1945 went into practice in Castle Cary, Somerset.

In 1971 he underwent an operation on one knee which required a plaster for some months and it was therefore decided to retire him early on pension.

A man of distinguished appearance and polished manners, he enjoyed medical practice and in his holidays he preferred continental motoring and later regular visits to Alderney, where he bought a house eventually, and to this he retired in 1972.

Though he tried to avoid medical practice he helped out when necessary and did a one month locum when a G.P. found 24 hours before leaving on holiday that the locum he had arranged could not come.

He loved the sea and most of his friends were amongst the fishing members of his community and he frequently went out on rescue operations in all weathers. For six years he was secretary of the local branch of the Shipwrecked Mariners' Society and he could be seen repainting the First World War mine which served as collecting box.

On the occasion of the last serious shipwreck off this island he and his wife looked after 11 of the 12 members of the crew in their own house and he was very proud of the company cap badge which the owners sent him and he wore it with pride.

He had many friends too amongst the crew of the Guernsey lifeboat and it was a great event for Pat when he was invited to join the crew for a routine trip from Guernsey to Alderney.

As a tribute to him the Guernsey lifeboat took out his ashes to be committed to the sea.

He leaves a wife, Sybil, and two sons with families.

W.G.T.

Appreciation

Miss Patricia Archer

Her many friends at Guy's will want to congratulate Miss Patricia Archer on her appointment as Chairman of the Medical Artists' Association. She was invested with the badge of office in April, on the occasion of the Annual Dinner of the Association at St. Bartholomew's Hospital by Mr. Peter Cull, the retiring Chairman. This appointment is the culmination of long service to the M.A.A. which, as an examining body and a professional association, does so much to promote the interests and skills of medical artists.

Miss Archer has had a long association with Guy's. She retired as Head of the Department of Medical Illustration last year. Trained at the Slade, she subsequently took her Art Teacher's Diploma in the University of London. She then decided to specialize in Medical Illustration and studied at the Radcliffe Infirmary. In 1949 she took a post at the London Hospital. Eight years later, she was appointed to Basingstoke and then to Queen Mary's, Roehampton; she came to Guy's in 1964. She was appointed Chairman of the Education Committee of the M.A.A., Adviser to the King's Fund and Assessor to the D.H.S.S.

A generous teacher and a talented artist, her skills were not limited to the medical applications of painting and drawing; she has had too little time for her own creative work.

W.N.M.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are July 11th and August 15th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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Clubs' Union News

There is no doubt that sporting prowess among Guy's students goes through marked peaks and troughs. I am pleased to say, though, that we are now on a definite peak, particularly as far as athletics are concerned. On 5th May, we won the Men's silver plate trophy competing against twenty-five other London colleges, and, on 30th May, we strode home to a resounding victory in the United Hospitals' Championships. St. Thomas's came third despite their demand for a recount! Our very own captain, Rif Atun, has been appointed captain of the University athletics team and has deservedly been awarded the supreme honour of a University Purple.

Returning to more domestic matters, I am pleased to say that, despite some rather sour criticism from the pages of this very same journal, the Clubs' Union newsletter has been met with considerable enthusiasm from students. I consider it personally irresponsible for a President not to keep the student body informed on external and internal matters to which he has the privilege of access. At present, encouragement is being given to all students to write to their M.P.s complaining about the new travel grant scheme and the persistence of the clinical student's grant at a weekly rate lower than that of any other student. A recent B.M.A. survey showed that the average essential weekly expenditure of a student at a London medical school (Charing Cross) was £67, £19 more than the average weekly grant. Travel expenditure for most students is also certainly greater than the set £100 which next year will be added to everyone's grant to replace individual travel claims. I am however appalled by the apathy of the student population. Despite the generally held view that medicine and politics do not mix, the only way that improvement to our lot will be made is by all students writing or lobbying their M.P.s – everybody has this responsibility. We in the Clubs' Union are providing all the relevant information sheets to help this along.

One very worrying aspect of Medical and Dental students' monetary plight is the increased use of drug trials as a financial supplement. At the moment, centres carrying out such trials must receive ethical permission to use students and should inform the Dean of the student's college. However, it must be pointed out that no drug trial is 100% safe. This fact was horrifically brought to light recently by the death of a Dublin student while partaking in a trial of i.v. β-blockers. Whether he had had an inadequate check-up, was the victim of an anaphylactic reaction or was just tragically over-susceptible to the drug's actions is not clear. Students must appreciate the nature of all the drugs they have to take and be aware of the risks accompanying these lucrative payments.

J. R. Edwards

The Summer Festival

Summer sunshine, gloriously bereft of spring showers, welcomed the early risers who assembled at the foot of Guy's Tower to compete in the mini-marathon to Honor Oak Park at the start of the annual festival of sport and merriment at the Hospital Athletics Ground. The Price Waterhouse Trophy was won in a new record time by Neil Edney, reflecting the re-establishment of Guy's Athletics as a major force within the University. Alison van den Berg finished well ahead of the back markers to be the first lady to cross the line.

Mr. Neil McKenna presents Alison van den Berg and Neil Edney with the Price Waterhouse trophy

The day progressed with willing participants in the five-a-side football and the mixed doubles tennis. Following lunch, the salubrious strains of the Franz-Joseph string quartet hung in the air and added a cultural distraction to this day of banality and brawn.

The hours of sunshine were spiced with a variety of events and entertainments. A novel event, the sixty metre dash, proved a great success amongst the men and the ladies, and especially amongst some rather unlikely veterans.

Non-participants in the major events lounged around enjoying the relaxed atmosphere and trying their hand at croquet, volley-ball and

mini-golf. Unfortunately the opposition did not arrive for the basketball match. The fencing club demonstrated the complete shambles to which they have descended by failing to provide a display of their talent despite repeated assurances of their attendance.

Towards the evening, the obstacle race provided some awkward and highly amusing challenges to the contestants who were quite happy with this state of affairs as they considered the prospect of a barrel of beer for the winning team. The tug-of-war proved equally amusing with twenty-four physiotherapists just about proving a match for eight bold men.

The Tug of War

The excellent "Dixie Land Jazz Band" provided the early evening entertainment, and later Plasma pounded away into the night.

A good day was had by all, and I am sure that everyone present would like to thank our sponsors, especially Price Waterhouse, the M.S.S., the M.P.S., the M.D.U. and the National Westminster Bank for their support. Credit must also go to John Edwards, Miriam Scadeng and Richard Cowell, who amongst others were responsible for the smooth running of the day's events. However, the ultimate accolade must be bestowed on student nurse Karen Daniel who chased a thief who had snatched the gate money. Thanks to her initiative this was recovered intact. Thus a truly remarkable act of courage rounded off a very successful day.

Wiktor Zbrzezniak

Athens Revisited

by Gisela Boss

The haze of pollution dimming the bright October sun and erstwhile brilliant Attic light was not as faint as when I last stayed in Athens with Stella and her family a year ago. If this were possible, there seemed to be more cars on the roads of the City than ever before. One or two other changes – flag poles of many nations outside Zappio (the big house in the park) proclaimed Greece's current Presidency of the Common Market. They were painting the park railings in Herodus Atticus Street; on the other side of the road outside the now Presidential Palace, the Evzones were still in khaki, not yet splendid in their winter uniforms of blue tunic with white foustanella, presumably because of the still glorious summer weather. In the "Plaka", the new pedestrian precincts that had still been under construction a year ago were now completed, and the area with shops and tavernas was pleasantly busy with only a sprinkling of tourists at this time of year. High above, on the Acropolis, the very old Karyatid ladies were surrounded by scaffolding, undergoing some sort of restorative process, their extreme degenerative changes apparently posing a threat to the visiting public.

Stella's Uncle George had been taken to Sotiria Hospital in early September with a bronchopneumonia from which he'd recovered with antibiotics. I remembered him, many years ago, as a handsome, stately man, though his acromegaly had always been easily recognised. His right femur had been pinned successfully ten years ago, but some years later he sustained a subdural haemorrhage after falling down two flights of marble stairs in Stella's house. He had never been the same man again, rather slow, dysphasic and occasionally he had fits. He had broken the other femur some years later, but had said nothing to Stella about it as she was just setting off to London with nineteen-year-old Artemis (who had possible thyrotoxicosis and/or bacterial endocarditis, then found, fortunately, to have neither). During Uncle George's present stay in hospital he was found to have thrombosed one femoral vein, and several toes were gangrenous, presumably because of the associated arterial occlusion. He had never been heard to complain of pain or discomfort; not as years ago, when an attempt at a burr hole had been made without even a local anaesthetic; or as now, having developed several bedsores which were being expensively dressed with Debrisan.

I visited Uncle George several times during my week's stay and, while walking along the verandah in the scented evening air, it was easy to look into some of the other two, three or four-bedded wards. In the room next to Uncle George I noticed a young man who, though he looked well, had an intravenous infusion running and the urine in the catheter bag was almost black. His wife was constantly at his bedside and Stella chatted to her one evening. It seemed that her husband, who on closer inspection sported a rather odd shade of sun tan, had been very dangerously ill, but was now mending slowly. I greeted the patient with my few words of Greek, and on

learning from Stella that I was a doctor from London, the family requested that I should discuss the case with the resident physician and this was arranged for the following evening. I was grateful to the Houseman for telling me the details about the patient, a 25 year old farmer from Patra in the Pellaponese, who had developed fever and cough four weeks ago. There had been initial improvement on ampicillin taken for only four days, but the symptoms returned within 48 hours of stopping the antibiotic, the fever being higher than before. A chest X-ray showed shadowing throughout both lungs consistent with a bronchopneumonia and the patient was thought to have tuberculosis and was sent to Athens for treatment. On arrival at the hospital in the second week of his illness he was jaundiced, pyrexial and, after only a short delay, the diagnosis of Weil's Disease was made in the Laboratory of the Pasteur Institute. Some intravenous penicillin and Zinacef therapy – which was still continuing – resulted in steady improvement, though the bilirubin was slow to return to normal and there was still some anxiety about renal function. The chest X-ray had cleared within a week. The family seemed grateful that I had shown an interest in this unusual case whereas, of course, it was I who had benefited. It seems that the resident doctor had found only two cases of the disease published in Greece in the past ten years and I promised him that I would write to him about any recent cases in the literature on my return to London.

On my second evening in Athens, I was taken out to a taverna by the family of Argyris, the sixteen-year-old son of Dimitris, a Radiographer, and of Betty who works as a part time hairdresser in the family's flat on the ground floor of Stella's house. Argyris has end stage renal failure – I suppose it can be called that as he needs to be haemodialysed on alternate days. He came to London two years ago for renal biopsy and adjustment of steroid and immunosuppressive therapy. Now he needs a transplant and has been accepted for cadaveric transplantation with an American kidney. He is hepatitis positive and Group O, so there is only one hospital in London that is able to do the operation. His parents have applied for a grant to cover the three months' pre-operative dialysis, the cost of the operation and 40 days or so post-operative treatment. Argyris has become an excellent chess player since having to leave school where he was a star pupil and athlete. He is exceedingly pale and thin, noticeably fidgety as if in continuous discomfort, and lacks some secondary sexual characteristics. His parents somehow manage to go about their daily business and even extend lavish hospitality and courtesy towards a visitor from London.

On the day before my return to London, we were invited to spend a day with Dimitris' brother George, a photographer in his late 50's and his wife Maria, in the holiday house they had built at Porta Rafti, about an hour's drive out of Athens. In their garden, on the sun-drenched hillside overlooking an azure sea ringed by a dark blue hill, grew melons, peppers and courgettes. They picked a very large pomegranete for me to take home. From the house we drove through the now tourist-free sleepy village to the beach to swim, but George did not join us in the water. He told me that for the past two years he had been able neither to enjoy a swim nor to catch fish or octopuses which were plentiful in that particular bay – the reason

being that submersion of any part of the body in cold water resulted in redness and swelling (or, as he was Greek, erythema and oedema) of the part, and he demonstrated the truth of this by holding one hand under water for ten minutes. Cold drinks and ice cream also caused discomfort, and there had been two episodes of near collapse at about the time that his symptoms began, after swimming; on medical examination he had been found to be quite markedly hypothermic. I wondered whether, possibly, he might have an autonomic neuropathy and advised him to seek advice in case of an associated pathology. Later we ate hugely on the vine-covered verandah, of barbecued pork, breadfruit deep-fried in olive oil, enormous platefuls of salad with cheese, and grapes that already tasted of wine; we started, reluctantly, much later, on the drive back to Athens into the red sunset.

On the day that I left Athens, Uncle George returned home looking brighter after a blood transfusion, glad to be nursed in this final illness in the comfort and peace of Stella's home. The titre of Leptospirosis antibodies in the young farmer from Patra which had just been repeated had fallen from the original level of 1/1800 to 1/1600. Argyris' parents heard that while the cost of the transplant operation and postoperative care would be met, the three months' pre-operative dialysis and cost of accommodation for two had not been sanctioned and now they will have to try to find the money from somewhere else; the outlook is not hopeful.

I seemed to be a little healthier at the end of my week's holiday, possibly as a result of the daily swim and a good deal of walking – on the last day my pulse rate remained below 100/minute after climbing the 78 steps at the side of the Olympic Stadium, on my way home from Syntagma Square.

407 Art Club Exhibition

reported by Our Arts Correspondent

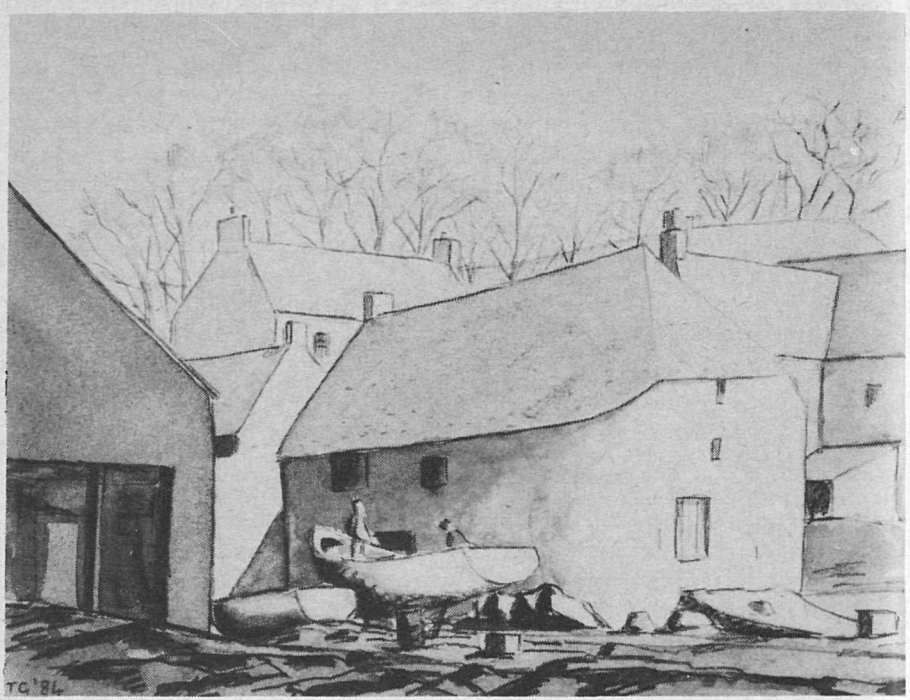
Watercolour is said to be one of the most difficult mediums to work with; however the artists involved in the recent 407 Art Club Exhibition demonstrated great mastery in this and a variety of other media. Commencing with watercolour, Joanna Foley's "A Midsummer Night's Dream – Backstage" seemed faintly reminiscent of Kit Williams, but any further similarity to his work was soon dispelled by her excellent pencil drawings. To complete her section, were three posters for Queen Victoria's Summer Exhibition, 1888. These ink etchings, meticulous in detail, unfortunately jarred against the spanking white paper on which they were drawn, dispelling any air of authenticity.

A pencil drawing of a weasel by Joanna Foley

Terry Gibson exhibited a selection of watercolours painted over the last four years or so. A group of five pictures of Moscow painted in 1983 included "St. Basil's Cathedral", my favourite painting of the entire exhibition – lovely onion-shaped domes in different colours, offset by pastel blue skies and scudding clouds. His Scotland paintings were disappointing following the promising start, this may well have been due to Highland mist and other such "soft" weather. Two clever scenes of Cornwall, however, soon restored my initial judgment.

Rosalind Abrams' watercolours were not quite as successful, but they improved as you went round and her last picture "Binham", portraying a red brick house and garden, with a wheelbarrow, was delightful. She has certainly mastered woodcuts and I thought the "Wind" cut showed fine movement and bluster.

An embroidery by Barbara Alexander, a first year student, and a selection of collages by Matteo Adinolfi of the Paediatric Department completed the exhibition. The embroidery included some impressive French knots and had obviously involved a great deal of painstaking work. Dr. Adinolfi's collages were interesting and would certainly brighten up a modern room. They contrasted well with the rest of the exhibition of more classical art.



A water colour of a scene at Cadgwith, Cornwall by Terry Gibson

Second B.D.S. Revue

reported by A. D. Farmery

The dust had hardly settled from a certain controversy (well documented in this journal), when the Boland House ballroom witnessed this year's Second B.D.S. Revue. The Archdeacon of Southwark however was not in attendance, and the only complaint to date is from the "One-parent families against Nuclear Whaling" pressure group.

However *risqué* the content, the performance was polished and professional. Credit is due to David Morgan and John O'Brien who wrote much of the material, and Jonathan Preece and Pete Dooley whose performances were excellent.

Much sympathy from the audience was given to the poor unfortunate *viva* candidate being grilled by the oppressive "Mr. Bastard" in the form of Dave Guppy. (They tell me it's based on fact!)

Thanks must also go to the girls who produced the wonderful buffet – although the wine could hardly be said to be flowing freely.

On the whole, a good evening's entertainment, even if a trifle "sick" – we eagerly await the next revue.

Medical Students as Psychotherapists

by Keith Lloyd

"They all crowded round, panting, and asking, 'But who has won?'. This question the Dodo could not answer without a great deal of thought. . . . At last the Dodo said '*Everyone* has won and *all* must have prizes'."

For the last two and a half years, a group of clinical medical students has seen people, carefully selected from the psychiatry out-patient waiting list, on a one-to-one basis for non-interventional, supportive psychotherapy. The students have received supervision from Prof. J. P. Watson and other members of the Department of Psychiatry.

What is Psychotherapy?

I think it is useful to begin with a brief explanation of the theoretical background to psychotherapy. It is defined as "a method of achieving beneficial change, including amelioration of symptoms through the relationship between a designated healer or therapist and a recipient or patient". The goals of all forms of psychotherapy are to help the patient or client reduce or overcome distress, to function better in personal relationships and at work, and to increase self esteem and instil a sense of control over oneself and one's surroundings. Such changes are typically accompanied by an increased sense of inner freedom and satisfaction with life. These are rather nebulous objectives and ones which are difficult to quantify.

The main schools of pschyotherapy can be divided into analytical, phenomenological, behavioural, systems theory and hybrid therapies such as cognitive therapy. Each school has its own theory of deviancy, normality and treatment; however, they all have certain features in common which can be summarized thus:

1. An intense, emotionally charged relationship with a person or group.
2. A rationale explaining the distress and methods of dealing with it.
3. Ways of combating demoralization.
4. The ability to mobilize expectations of help.
5. The patient's faith in the therapist is enhanced by the latter's socially sanctioned rôle as a help-giver.
6. It can occur individually or in groups.
7. It takes place in a locale designated as a place of healing.
8. It offers non-specific boosting of self esteem and success experience.

Many of these features are synonymous with the art of medicine; they are what a good doctor does, and they include the ability to communicate with people from diverse backgrounds and with diverse problems, and the ability to react appropriately to verbal and non-verbal cues.

A good psychiatrist would go further, and be able to communicate with people in all sorts of mental distress and disturbance. They would be able to gain additional information from an understanding of the nature of transference and counter-transference within the therapeutic relationship.

Transference is the process whereby the patient displaces onto the therapist feelings or ideas which derive from past relationships. Counter-transference is the feeling the therapist has for the patient. I mention this because some authorities feel that it is in the area of transference phenomena that untrained therapists, in this case medical students, have a great deal of difficulty. This is important because some influential studies have shown that the transference relationship is critical to a successful therapeutic outcome. In other words, medical students who didn't know what they were doing might do more harm than good.

What we were aiming for in our group was for somewhere between these two levels, i.e. "supportive psychotherapy", which relies on accurate empathy, warmth and genuineness for its outcome. The features which differentiate supportive from dynamic explorative psychotherapy are tabulated below:

	Supportive	Exploratory
Defences:	supported and reinforced	confronted and modified
Anxiety:	minimized	optimal level sought
Transference:	minimized and accepted	fostered, revealed, analyzed
Regression:	discouraged	allowed within sessions
Reporting of dreams:	not encouraged	welcomed
Advice:	offered as necessary	withheld
Medication:	offered as necessary	withheld

Structure and supervision

The model for the group at Guy's is a much larger programme at University College Hospital. It was convened by Professor Watson and his secretary at the suggestion of G. Thornicroft, a medical student. Initially, five students met with the Professor on Friday afternoon to learn something of the theoretical background to supportive counselling. Since then, the composition of the group has changed, but has never been more than ten students.

Patients, or clients, are carefully chosen from the psychiatry out-patient waiting list and asked if they would mind being seen by a medical student, after an initial assessment interview conducted by a psychiatrist. Typically, we see patients who do not need intensive psychotherapy, complex drug therapy or who are too acutely disturbed. Students meet with their clients for one hour a week, and supervision takes place with the other students on a Friday afternoon. Clients are re-evaluated by trained staff as and when necessary. More recently, some students have participated in marital therapy, sex therapy and time-limited focal psychotherapy.

Personal experiences

I approached the first meeting with my first client with not inconsiderable trepidation. He was a middle aged married man with asthma who had been convicted of shoplifting and placed on a probation order. His wife and children knew nothing of this and he had sought help because of the guilt and shame he felt. We met for twenty sessions both very much feeling our way. It transpired that he had been shoplifting for 18 years. I felt strange in the therapist rôle: he had been shoplifting since I was 6 years old, his children were older than I was. In the supervision sessions with the other students I was able to talk about this and other issues arising from therapy. The last time I saw this client was for final assessment with his probation officer and Prof. Watson. Both the client and I felt that we had benefited immensely from the sessions.

In contrast, my second client attended only once, leaving me to discuss with the others how much this was due to failure on my part to assess accurately his problem and needs. Number three was a 20 year old woman whom I felt had come to "ask permission" to leave her job and return to her estranged husband who had previously mistreated her. From this I learnt one of the disadvantages of non-directive supportive psychotherapy by finding myself facilitating her into a course of action of which I did not approve. I'm sure that my disapproval showed and that is why she stopped coming.

My most recent client was a 38-year-old woman referred because of agoraphobia and panic attacks. Initially, it was worked out with my supervisor that she should go through a behavioural systematic desensitization programme. However, during treatment, she alluded to marital difficulties and told how she had been sexually assaulted as a child and after discussion with my supervisor, we felt that she would benefit from some exploration of these issues. Sessions became very tense and emotionally charged, and the time came for her to go on holiday. We had arranged one follow up session for when she came back, at which she told me how she had realized that her symptoms only occurred in situations which she found sexually provocative. Two weeks previously she had had a panic attack in which she described "reliving" the assault she had suffered as a child. Since then she had felt much better, got on marvellously with her husband and wouldn't be coming to Guy's any more. The part that my interventions had to play in this sudden apparent disappearance of symptoms is difficult to measure, but I learned a lot about communication skills and got a glimpse of some aspects of psychotherapy.

Who gains what?

There are two main issues here: the first is does psychotherapy work at all? The second is do untrained psychotherapists produce results equal to, better or worse than trained psychotherapists? What can be said with absolute confidence is that the patients are seen much more quickly if they agree to work with a student than if they wait for a trained psychotherapist to become available. To deal with the first question: it is certain that some people will get better on their own. Some studies have attempted to

measure outcome differences between different forms of psychotherapy and have generally produced results which reflect either the bias of the investigator or the selection criteria of the patients treated. What it seems reasonable to say is that demoralization of various types characterizes why people come to psychotherapy and a good outcome as far as the sufferer is concerned depends on features, outlined earlier, common to all the psychotherapies, which combat this 'demoralization'. It seems to be true that different types of therapist do best with different sorts of patient. Patient factors also influence outcome; many people will be familiar with the "YAVIS" acronym to describe the "young, attractive, verbal, intelligent and successful" individuals who often appear to benefit from psychotherapy. Above all accurate empathy, warmth and genuineness seem to be the most important characteristics for a supportive therapist to possess.

This leads into the second question asked above: One review of 42 studies concludes that people without a specific background in the mental health sciences can produce results "equal to or significantly better than those obtained by professionals". Criticism of this statement falls into four main groups:

1. Supportive and dynamic psychotherapy produce results no better than placebo effects and, anyway, it is almost impossible to distinguish those patients who would have got better on their own.
2. Most of the research in this area is methodologically flawed and it is not possible to make any definite conclusions.
3. Professionals should produce better results through their knowledge of, amongst other things, transference phenomena.
4. Any forms of intervention will work if it contains those elements outlined earlier which will mobilize the patient's expectations of help. This last viewpoint seems to be the most helpful and pragmatic.

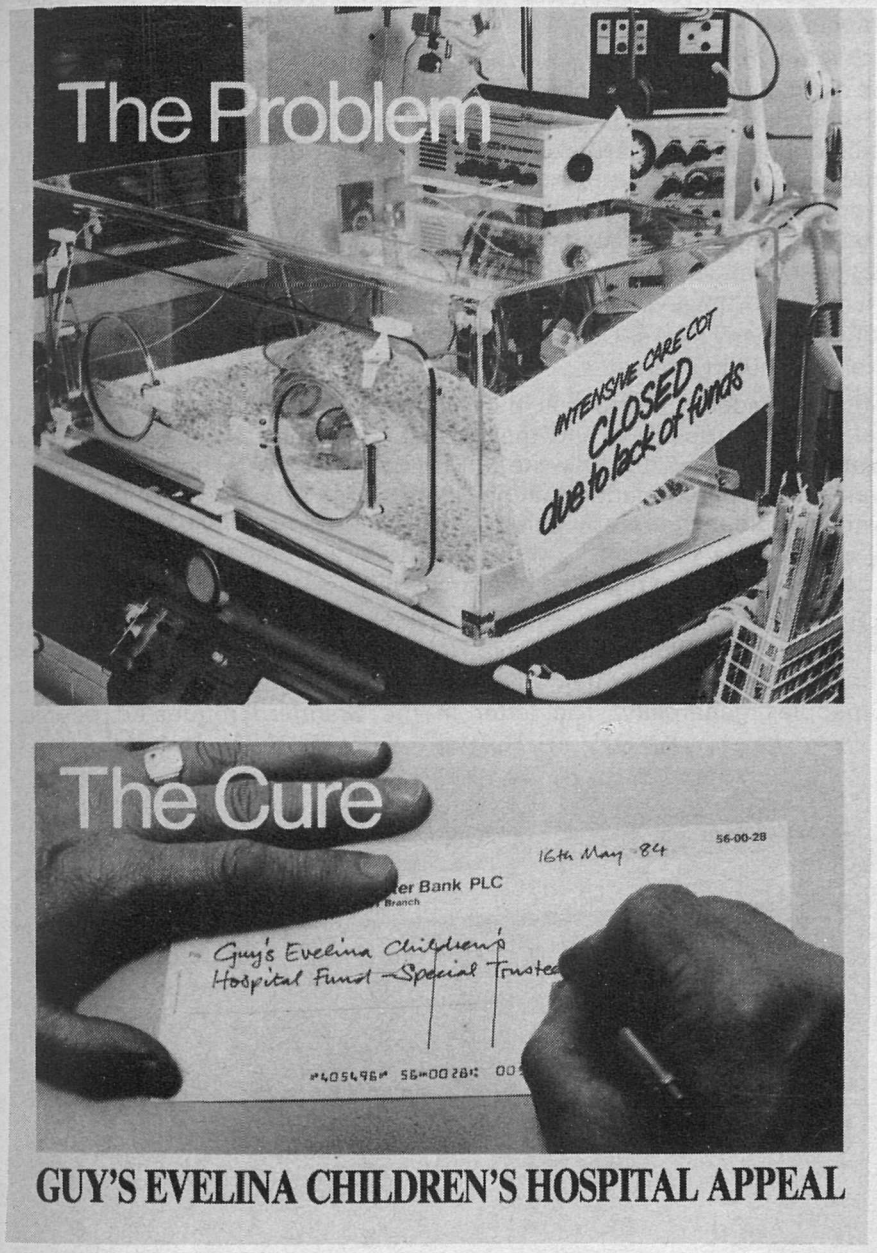
For myself and the other students who have participated in the group over the last two and a half years it has been beneficial. Whatever you think of the efficacy of psychotherapy, it is difficult to deny the importance of good communication skills in all aspects of the doctor-patient relationship, and we hope that our experiences in this area will benefit our patients in the future. Any students interested in participating in this scheme should contact Professor Watson *via* his secretary in the medical school.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

Appeal Brochure

From the photograph accompanying this article you will see that the brochure has now made its appearance as, we hope, a valuable vehicle for raising funds. It comprises 8 pages with a number of photographs in full colour.



The first and important point we wish to stress is that it has been designed and printed at no cost to the fund; the entire expense has been met by generous donors, headed by D'Arcy MacManus Masius, 2 St. James's Square, London, the advertising agency where Peter Joseph,

Appeal Secretary, worked at one time. We are very grateful to the agency and colleagues for their generous help.

One reason for the delay in the publication was that the agency was three doors away from the Libyan People's Bureau where for two weeks in April unusual events took place in St. James's Square. Since part of the Masius building had been taken over by the Metropolitan Police for their Control H.Q. and the Square itself had been sealed off, the production schedule had understandably been interrupted.

We are pleased to report that Mrs. James de Rothschild has agreed to be Patron of the Appeal. As some readers will know, Mrs. de Rothschild has very close links with the Evelina and has taken great interest in its destiny for many years. Our warmest thanks go out to Mrs. de Rothschild for her continuing interest.

If any readers believe that they can make use of a brochure to the benefit of the Appeal, would they please telephone enquiries to Guy's Hospital, extension 2702, or write to Dr. Michael Joseph, 11th Floor Guy's Tower. Any help that readers can give in directing brochures in a beneficial direction would be much appreciated.

The London Marathon reported by Marcia Hall

Two months ago a letter appeared in the London *Standard*, on behalf of the Guy's Evelina Children's Hospital Appeal. Today the Appeal is £5,500 richer. This is not just another advertising statistic, but a fine example of a few peoples generosity. The letter in the *Standard* requested people,

Dr. Michael Joseph brandishing cheques from the London Marathon runners.

entered for the London Marathon, to organise sponsorship for themselves on behalf of the Appeal. Last week I went to meet the runners as they handed their hard-won earnings to Dr. Michael Joseph of the Paediatric Department at Guy's and Chairman of the Appeal.

The training period of the runners ranged from six months to just four weeks, and everyone who started made the finish line. Unfortunately Mr. Richard Solomons went through all his training, then succumbed with 'flu, 10 days before the big event. . . . "The worst thing is telling people that not only did you not make the finish line but you didn't actually make the start line . . . so next year." Nevertheless Mr. Solomons was clutching a cheque for the Appeal. Most of the runners couldn't decide whether they really felt any better for the extra exercise, but a little persuasion from medical fronts assured them they did.

The worst part of the actual course seems to have been the Isle of Dogs. "The Isle of Dogs is where it seems to hurt the most."

"There were bands, discos and people all the way round especially where they were needed – round the Isle of Dogs." And even "The pain was mainly round the Isle of Dogs!" However they all enjoyed the experience of running in the London Marathon and a few gluttons for punishment said they'd "do it again".

Once again we extend our congratulations and grateful thanks for such a *marathon* effort and wish them the best of luck in next year's quiet jog.

The Dental Dinner – a Personal View

by Eileen Jaffé

In the old days people turned up for Clinical Day to see their old friends and teachers, to pick up the latest gossip or a new technique and when it was all over they went away refreshed by their sense of belonging to a great and ancient institution. Later, they would drift off to join their friends in the pubs and around various clandestine T.V. sets to watch Wales play Rugby. After a change of clothes, many of them, mainly men (and mostly still glassy-eyed), would gather around the dining tables ready for the evening's entertainment of good food and good talk.

Traditionally the tables were booked by years (old friends?) and the Dinner became a kind of reunion. Since this was an old tradition no one thought much about it, but they were careful to book early because this was a great occasion in the Calendar and there were always more applicants than Dinner places.

Tradition was broken when the Dental Ball and Dinner were united in one function, several years ago. Older alumni went at first, but they complained that they could not hear over the dance music and that they were not keen on dancing anyway. Many of the staff felt the same and so a wonderful "occasion" was lost. We were all, Staff and Alumni, the poorer for that loss.

Tradition was revived when David Robinson (hereafter called ADR) took command and by superhuman effort bullied, persuaded and cajoled his friends and colleagues to support a new Dental Dinner. It was a splendid occasion for which many of the old, old boys and not a few young, old boys turned out. The food, carefully chosen, must have delighted all but those who prefer their duck overcooked. The wines were pleasing and plentiful. The only thing missing from the party were the women. When I surveyed the room during the speeches, I was struck by the fact that there were very few women at each table. It was amazing especially since women now constitute 40% of our student body and this is not a recent change. Later when ADR kindly looked up his records, we found that of the 146 people present, only 28 were women.

Peering through the lovely fumes of brandy and cigar smoke I realised that there were at least four female members of staff present who were not Guy's graduates – come, like me, to show that this does not stop them from being loyal Guy's persons, and this had now reduced the number of Alumni to 24.

It is important to a successful future of such dinners if we stop to consider why so few women did turn up. Could it be due to "family commitments?" This is usually taken to mean that there are small children to put to bed, or trouble with babysitters. Interesting then, that at a professional dinner in the Roben's suite a week later, about 40% of the assembly were women – many of them parents of young families and most of them present as partners to their husbands or *vice versa*.

The question must be asked whether the popularity of the dinner would be revived if people were allowed to bring partners – especially the women. Some older women are a little shy and nervous about going out alone at night, but they hark back to a more paternalistic era when women enjoyed the protection of men – before women became emancipated, let alone liberated! Surely things are different now. Consider the students. Six of the ten members of the Committee of the Dental Society are women and they were all present. This then reduces the number of Guy's women present at the dinner to a pitiful 18, or less, since there may have been one or more female guests. I think this is a serious problem to which the women on the Committee of the Dental Society should apply themselves.

Meanwhile, back at the dinner, yours truly, having attended reluctantly, stayed to have a rattling good time. There was a very pleasant, warm spirit about. Sue Young looked lovely and gave her report of the activities of the Dental Society with elegance and style. Hers was the best speech of the evening, or perhaps the only one I really listened to.

An old institution like Guy's retains a kind of magic because it has faithful servants like ADR. We owe him a debt of gratitude for having revived an important event in the Guy's Calendar. It was a terrible struggle to get it going and during the months which preceded the Dinner he received rather more criticism than support. Let us hope his efforts will bear fruit for future generations of Guy's people.

The Bore Report

Continuing by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

I see that I have a potential rival in describing the follies and gossip of our indigenous population in "*Moichal Xavier*". A penetrating wit, it would seem.

Talking of pseudonyms, I understand the water polo report from "*Water Rat*" was not actually written by the obvious candidate, or at least Dom denies it.

Stap my vitals! For the first time in ten years the Editors of this august journal have had a pay rise. Mine's a pint of bitter, John!

No doubt the excitement of this went to the co-Editor's head in the theatres last month – a sort of rush of blood to the feet, one might say.

Just in case you feel that the acres of seething, purulent flesh sunning itself in the Park is a relatively new phenomenon, I enclose a picture from twenty five years ago, when we still had wards in Guy's House. You will notice that the trees all seem to have grown a bit since.

I was shocked to hear that some things have changed though. Inflams nowadays are almost light and airy: earlier this month no-one had started to dance by 10 p.m.

While I understand the cricket team are now enjoying quite a good run, despite their Oxford tour being washed out. The captain, however, had a certain amount of difficulty in fielding a bread roll at the President's buffet, with embarrassing and somewhat painful results.

Contrary to our *Passimist*'s allusions, I have heard rumours that the Residents' Play may be made by students: to this I respond that if the residents have not got the necessary concern, loyalty or ability to perform a Residents' Play, it should *not* be performed and thus be held against those responsible for the defalcation. The noble traditions of the play, whilst they have often involved invaluable *technical* assistance from students in the Theatre Club, would be negated completely if it were to become a performance run and portrayed by students. It is a *Residents'* Play, after all. If the residents of the time are such mealy-mouthed, disorganised incompetents that they cannot put on such a production, then I would suggest the students put on a production called "Not the Residents' Play", which would give them the opportunity to cast mild slings and arrows at the Staff, and more barbed ones at the junior staff who failed to perform.

I've heard of many types of self-inflicted injury, but tearing one's medial cartilage *when doing the splits must take the cake.*

It is a great credit to the Athletic Club that despite certain such injuries – and the sequelae of several years' imbibition – they succeeded in winning the UH Athletic cup and were the leading male side in the University competition.

The Summer festival, I understand, managed to make a profit – which, amazingly, it had failed to do for a couple of years. There were fewer events and sideshows, but plenty of ale and fair weather. A good time was had by all except those few who had to clear up. I even understand a group of geriatrics managed to win the five-a-side.

Shock, horror, auscultate?! I hear that some innocent and upright students have *been accused of listening to sanitary towels* with their stethoscopes by the midwives. One must hope that *The Observer* doesn't get onto this latest scandal to erupt from the Guy's student mass.

I'm glad to see that the current President of the Clubs' Union thinks that it is irresponsible for him not to keep students informed of the Union's affairs. It is a shame that some of his predecessors have not thought the same. It is also a pity that the year representatives are so obviously failing in their intended duty that such measures are necessary. It is time for the Union to face up to the failure of the new constitution, and to reinstate termly general meetings even if only for information and debate, instead of policy-making.

Congratulations to the First XI for their thrilling victory in the semi-final of the U.H. Cricket Cup. Let's hope that they will have even more support in the final, anticipated to take place on Sunday, 15th July against the winner of the London v. Tourists. Interesting to see Tim, JC and the Don in the athletics team (p.217). What events did they appear in? Judging by his form through the Park, I'm sure that the last named would be a dead cert for the 100 metres. Carl Lewis eat your heart out.

I understand that a bunch of society's lepers have formed themselves into an *élitist dining clique. We can only hope* that the East India Club can cope with the reverse-peristalsis of the Netty and Northern. Were Mike and George *really* there?

We have all enjoyed this recent hot weather in one way or another. How pleasant it is to see that the President was able to get away from the vicissitudes of office for a brief spell at his favourite pastime. Here, at least, it is the sea instead of the waves of student apathy, that defeat this modern Canute, well, Partlycanute.

I understand that the prospective artificial insemination sperm bank has received a donation from only one medical student so far. Who could this be?

The festivities of the nuptials of the Pin are now over and hepatic necrosis avoided by a whisker. How refreshing it was to see him berated by the wife with the words *"Shut up talking and drink"*. He may have met his match.

Eugene Bore

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Physiotherapy

Once again this June, the Physiotherapy School was the centre for the practical anatomy section of the Part I examination of the CSP and for two and a half days we had candidates arriving from all over London and from as far as Cambridge ready to pit their knowledge against their examiners. Altogether, 233 first year students presented themselves with varying degrees of *sang froid* during that time, finishing with one youngster recovering from chicken pox who was smuggled in and promptly segregated as a, no doubt unnecessary, precaution.

What we had not allowed for in agreeing to hold these exams was that the second day would be the day of the Fête. As may be imagined, the rooms in front of Shepherd's House are somewhat vulnerable on these occasions and we know from experience that to teach in the classrooms or to work in the offices on Fête day are at best unrewarding pastimes. Over the years, of course, Shepherd's House denizens have – like teenagers at discos – experienced progressive loss of auditory acuity as a result of the ingeniously contrived programmes of demolition and reconstruction that have taken place successively in Guy's House, the Dental School, the Mortuary, the Works Department and, not least, within the building itself. In consequence, our noise tolerance is high and we were braced for the selection of slightly passé pop tunes to be loud-spoken across the Park and in through the windows – inevitably open, because those who organise the Fête also organise the weather.

Whilst we would not have chosen this to be one of our days, then, we felt that we could cope and expected the students to be sufficiently accustomed to studying anatomy against a background of Capital Radio to have their recall stimulated by a run through of the Hit Parade, rather than depressed by it. What we had not bargained for was the hurdy-gurdy or whatever it was, dug in across the grass with all its pipes pointing straight at us, bellows blowing with a vigour that betrayed its venerable appearance. Whoever is doing the pumping, we fondly thought, will surely tire soon and peace will be restored. It was only when we saw the electricity cables stretching across from Hunt's House that we realised we were deluding ourselves.

One of the senior examiners was monitoring the marks awarded by six pairs of examiners over the period, to see if there were discrepancies in standards or a reasonable degree of uniformity. He was also interested in the effect, if any, of changing the examining pairs. It is not known whether he could trace any relationship between marks scored and tune played, however, or if there was truth in the rumour that candidates were being asked to analyse the muscle work of the Polka or the range of joint movements in the Can-Can. Well, anyway, it was different, Friends! At least we thought so, but one candidate from Another Hospital asked ingenuously if this happened every day.

Ronald Cooper

Nursing

In October, 1983, Health Minister, Kenneth Clarke, indicated that the Health Service could no longer afford four hour overlaps of nursing staff in the middle of the day.

At the time, this seemed a surprising statement, but it has been one that has promoted considerable thought and discussion. When people meet to consider economies it is usually easier to point to waste in other disciplines, but not so easy to stand back and question a practice or conventional way of working in one's own field. From the 1860s to the 1960s nursing overlap was in the morning, traditionally the busiest time of the in-patient's day. With the reduction in 'split-shifts' a change in the pattern of working began to evolve. Now that nurses work a 37½ hr week, and probably an eight-hour day, the aim must be to ensure continuity of good nursing practice. The objective is not only to get the right number of people on duty at the right time, but also the right mix of skills. It is important that there should be enough qualified staff to supervise the students who are learning.

There must be time allowed for full reporting, with opportunities for questioning and discussion to improve understanding and implementation of care. Some nursing activities should only be carried out in pairs and are best planned during an overlap period. This period serves to build the team, develop individuals, and counsel patients' relatives and colleagues.

The annual cost to the Health Service of the nursing overlap has been estimated at £700,000. This is a considerable sum of money and one that has pre-empted nursing management and education to look at present practice to ensure value for money. Moreover, I would not be afraid to defend a nursing overlap if it ensures safe nursing care that is of a high standard.

Neil Thistleton
Senior Nurse Tutor

Book Reviews

"An Outline of Cardiology" by John Vann Jones and Roger Blackwood. Pp. 180. Price £6.95. Published by Wright PSG.

This short, easily read, pocket-sized book is aimed primarily at those in their first Cardiac job and M.R.C.P. candidates. The authors have attempted to outline "Modern Cardiology" with emphasis on the common conditions. This is a very difficult task in such a rapidly expanding subject and I think there are some important omissions, particularly coronary angioplasty, exercise testing early after infarction, nuclear cardiology, two dimensional echocardiography and modern pacemakers. The best chapters are on clinical examination, which is worth reading before the M.R.C.P. examination, and congenital heart disease. Most of the information this book contains is readily available in the popular short textbooks. I feel sure that a more comprehensive coverage of up-to-date Cardiology would make this "Outline" much more useful for its intended readership.

CLIVE E. HANDLER
M.R.C. Clinical Research Fellow
Department of Cardiology

"Cash's Textbook of General Medical and Surgical Conditions for Physiotherapists". Ed. by Patricia A. Downie. 1st edn. Pp. 462. Price £6.95. Cover S. Published by Faber and Faber.

Cash's Textbooks are the staple diet of students of physiotherapy in this country and are found in the "bench library" of many departments. The first was the "Medical Cash" published in 1951 and it was followed by the "Surgical Cash" in 1955, both of them subsequently running to several editions. Latterly, Miss Downie, who edits the series, has been re-ordering the ingredients, producing textbooks on neurology, chest, heart and vascular diseases and, imminently, orthopaedics and rheumatology. This present book is really a *rechauffage* of all the bits left over, with a few extra topics stirred in for added flavour.

Of the 25 chapters, 10 are new versions of sections of the 1979 Surgical book and 8 are re-writes of the Medical book of the same year. In many instances, the same author has revised his or her own earlier contribution, but even where the author is different, the material is essentially the same. This is not necessarily an adverse criticism because much of the 1979 vintage was good and up-dating is apparent in the '84 blend.

When 17 different writers are involved, it is inevitable that the reader will be more in accord with some than with others and I found some of the new material "interesting but not very clearly presented", another section "opinionated and with dubious fondation" and some of the older "better edited but essentially old-fashioned".

Miss Downie has produced a book for the generalist rather than the specialist, "the common theme", she writes, "being direct practical care and concern for the individual patient". It is one which can be recommended to new students, but would not yet displace the older titles for qualified therapists. Eventually, it will, when it has settled into its new mould and been vigorously revised to omit such errors as the so-named "Disablement Rehabilitation Officer" and an equation between the depth of each breath and vital capacity. The topics covered are relevant to students and junior staff and the book earns a place in their libraries and bookshelves, but, in due course, I hope to see a more comprehensively revised second edition.

RONALD COOPER
Principal, School of Physiotherapy

Questions and Answers in Medicine for Students by B. T. Cooper and M. J. Hall. First Edition. Pp. 236. Price £5.50. Cover: Soft. Published by Wright.

Afficianados of the board game Trivial Pursuit might like to use the questions in this book to make up their own medical version. Collect a wedge in each of the categories such as Cardiology, Gastroenterology, and you may proceed to the centre of the board. Answer a final question in the category of the examiner's choice and you are awarded your M.B. Certificate.

The questions in Cooper and Hall's book range from the banal "What is FEV_1?" or "Which joint is most commonly affected in gout?", equivalent to Trivial Pursuit's "Who led the Argonauts in search of the golden fleece?", to the impossible "What is the incidence of self poisoning in Britain?", equivalent to "Who is the main singer with the group Roxy Music?".

There is a tendency to ask for lists of causes as the answer to questions rather than to look for any sort of reasoning, or deductive skills. This may be useful for revision purposes but hopefully it does not follow the pattern of the usual *viva* examination. Overall, I think the standard of questions is rather simple, but the 521 questions cover a wide range. Because they are simple, a lot depends on the way the answer is approached, and from this point of view it may be best for pairs of students to use this book, asking each other questions as practice for *viva* examinations. Books such as this can change the style of working and by introducing a fresh approach provide a useful alternative to other methods of revision for final M.B. examinations. I found that when I became bored another approach was to read the answers first and try to guess what were the questions.

The authors suggest that although it is mainly for final examinations in Medicine, candidates for higher examinations will find it useful. I do not think that the depth of the questions is adequate to justify this. The information that is given seems to be accurate, and the price is reasonable at around a penny a question.

P. J. REES,
Clinical Tutor

Correspondence

Dear Sir,

Like many others from Guy's I must say that some of the happiest days of my life were spent, as a student at Guy's.

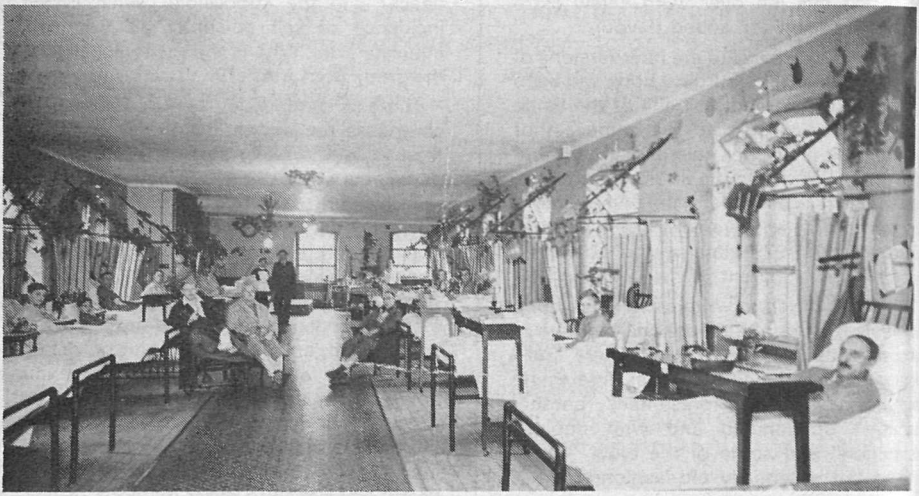
Being a local boy my first encounter with the hospital was as a boy of 10 years, Christmas 1936, on old Job Ward which was then over the Colonnade.

The picture enclosed shows the ward with its decorations during Christmas. I am in the first bed on the left-hand side.

My surgeon was the great Sam Wass, he was then Surgical Registrar to Mr. Slesinger. Sister Falwasser is in the picture together with a Houseman – I cannot put a name to. She too was one of the first surgical sisters at Guy's.

Happy memories,
Yours sincerely,

BILL DOBSON,
206 Grange Road,
Bermondsey,
London SE1 3AA.



Sport

INTRODUCTION

Hail to the all conquering Athletics club! Fortunately no hail for the cricket team who have thus far lost only three games to the weather (300% more than have been lost to the opposition!) The recent winning streak has produced the best season in living memory (well, Mr. Dann's). Two outstanding cricketers, Pocock and Brink are leading the team with over 500 runs each. The team has now reached the semi-final of the Hospitals' Cup for the first time since the cup was won in 1980. This revitalised team deserves much cudos.

What has happened to the P.S.O.C. (Poole School of Cool)? The loss of the Macdonald Cup will no doubt ruffle his plume. However we extend our congratulations to R. A. Harper, the new holder.

Finally congratulations to Rifat Atun on being awarded his University Purple by virtue of his splendid victory in the high jump and long jump of the last British University Athletics championship.

Late news: Guy's won the United Hospitals' Cricket Cup semi-final against Barts.

W.Z.

ATHLETICS CLUB REPORT 1983–84

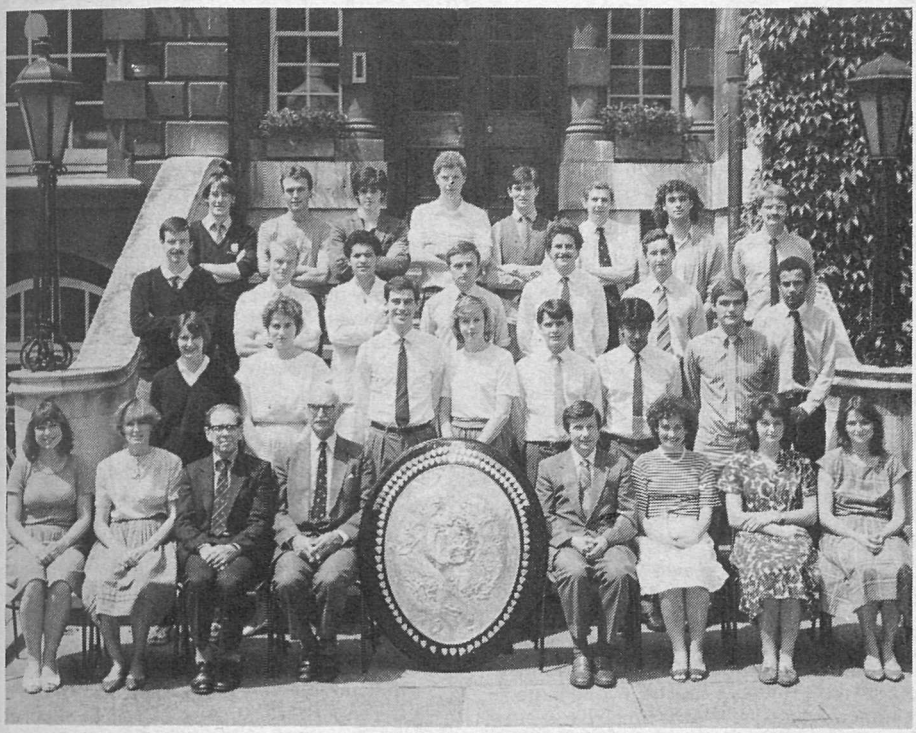
Guy's win both University and United Hospitals' Championships.

Guy's Hospital Athletics team were victorious at both the University of London and United Hospitals' Championships.

On 5th May, at Motspur Park, an enormous crowd of athletes, over 600 from 25 colleges, gathered for the University of London Championships. The events were held on two evenings and witnessed a high standard of competition. Guy's faced strong opposition from the bigger colleges of the University, notably Goldsmiths', University, Imperial, L.S.E. and the London Hospital, but emerged as the winners of the men's shield. The women's team were third.

David Lloyd was winner in both 800m and 1500m, with a personal best of 1 min 59 secs in the 800m.

Neil Thomas won the 110m hurdles and the 200m and was 2nd in the high jump and the 200m sprint.



Rifat Atun retained his championship record in high jump for the 4th year in a row with a leap of 2.00m. He also won the long jump and was second in the triple jump.

The dynamic duo, Chris Jerrett and David Ward were winners in 400m hurdles and 400m respectively, whilst Grahem Meharg was 2nd in the pole vault. The Charles Atlantes of the team, Simon Petrides and Mark Sinden, were 3rd in the shot putt and discus respectively, and Mick Martin, despite a very impressive last 100m in which he overtook 4 people, was 6th in 1500m.

Andy Williams and Guy 'Cool' Rees finished the painful 2000m walk 2nd and 3rd, but to everyone's surprise, were disqualified at the line.

Marcus Field and Adrian James were 6th and 9th in 3000m and Chris Redman was 7th in 2000m steeplechase.

The women's team was depleted due to last minute excuses and consisted of Joanne Taylor and Annie Tuddenham.

Joanne Taylor competed in 6 events in one evening, and was 2nd in 100m, 100m hurdles, high jump, long jump, shot putt, and was 4th in the javelin – what a good all-rounder! Annie Tuddenham was 6th in the 100m.

The United Hospitals' Championships were held at Motspur Park on the 30th of May and were probably the most competitive with the greatest number of entries for the last two decades. Guy's had a full team of enthusiastic athletes and cheerleaders. Unfortunately, Neil Thomas and David Lloyd were indisposed because of injury.

Guy's dominated the whole evening both on the field and in the spectators' stands. The cheerleader Aresh Hasheminejad (now better known as the trumpets of Jericho), supported by a choir of Fiona, Charlie, Carol and Carla, kept up a continuous cheer of several thousand decibels throughout the competition.

The evening reached a climax when the winner's shield was handed to Guy's and the results announced. St. Thomas's, last year's victors, were relegated to a mere third and were nowhere to be seen when the shield was presented!

The results were as follows:
1st Guy's 161 pts.
2nd London 118 pts.
3rd St. Thomas's 107 pts.

Individual results were as follows:
Tunde Coker and Raymond Lo were 8th and 9th in 100m and Chris Jerrett won 400m and was 3rd in 200m. David Ward was 3rd in 400m and 4th in 200m and Michael Allen was 2nd in 800m. Mick Martin was 5th in 1500m and David Walsh was 7th and Guy Rees 8th in 3000m. Rifat Atun was winner of high jump and was second in long jump and triple jump. Nigel Moneghan was 1st in triple jump and 2nd in high jump, and Simon Petrides was 1st in discus (at last) and 2nd in shot. Mark Sinden was 3rd in shot and 4th in discus and Michael Marsh was 4th in javelin. The men's relay team (Rifat Atun, Mike Allen, David Ward, Chris Jerrett) were 2nd.

The Women's team, with the greatest number in the team ever, was full of new blood:

Caroline Joyce was 3rd in 100m and discus and Yvonne Seaton was 6th in 100m, 5th in javelin and 3rd in 200m. Karen Jones was 3rd in 400m and 5th in 800m, and Fizzy Little was 6th in 400m. Margy Knox was 7th in 1500m, whilst Joanne Taylor (ladies' captain) was the winner of the high jump and javelin and 2nd in the long jump and 100m hurdles, and 3rd in the shot. Claire Roberts was 6th in long jump, and Kim Chesterfield was 6th in 100m hurdles. Juliet Goff was 5th in the shot (First time she has tried the shot putt) and 7th in the high jump.

Congratulations to all those involved and many thanks to Mr. Bompas and the Medical School Office for their help and support.

I am happy to inform you that Joanne Taylor and Rifat Atun have been selected to represent the University of London team at the British Universities Championships on 27th–28th June at Loughborough.

Rifat Atun,
Captain.

SQUASH CLUB
6th Year in Succession

Despite the loss of two key players from last year's side, Guy's Hospital Squash team managed to retain the Inter-Hospitals' Cup for the sixth time in succession. This was largely due to the arrival of a new "star", Pat Houriman and the addition of an old hand, Jonathan Webb which ensured that this team was equally as strong as those of the past.

Following a bye in the 1st round and a near disqualification in the 2nd, as the Captain was away on his elective, Guy's began with a narrow 3–2 victory against St. Thomas's, being pulled up by their middle order men, D. Taylor and the President and Geriatrician Roger Lewis. The semi-final against St. Mary's proved easier than expected after the epic battle last year and we came out winners 4–1 (I won't mention who lost!). Opponents in the final were the Royal Free and in a very close match Guy's came out winners 3–2 largely due to their depth of experience (not to mention years!). Particular mention must go to Ray Sharp and Jonathan Webb who won in every round and to Pat Houriman who has proved to be a very strong No. 1. The cup was presented by the Medical Sickness Society (or rather not presented as the Captain had forgotten to bring it!!), who also provided an adequate volume of refreshment afterwards.

The Cumberland Cup team completed a most successful season, finishing very high in their division and might well get promotion. This was largely due to the regular appearances of Paul Saunders and Ray Sharp, not forgetting the old master Peter Collins. Sadly, Peter Collins, after playing so

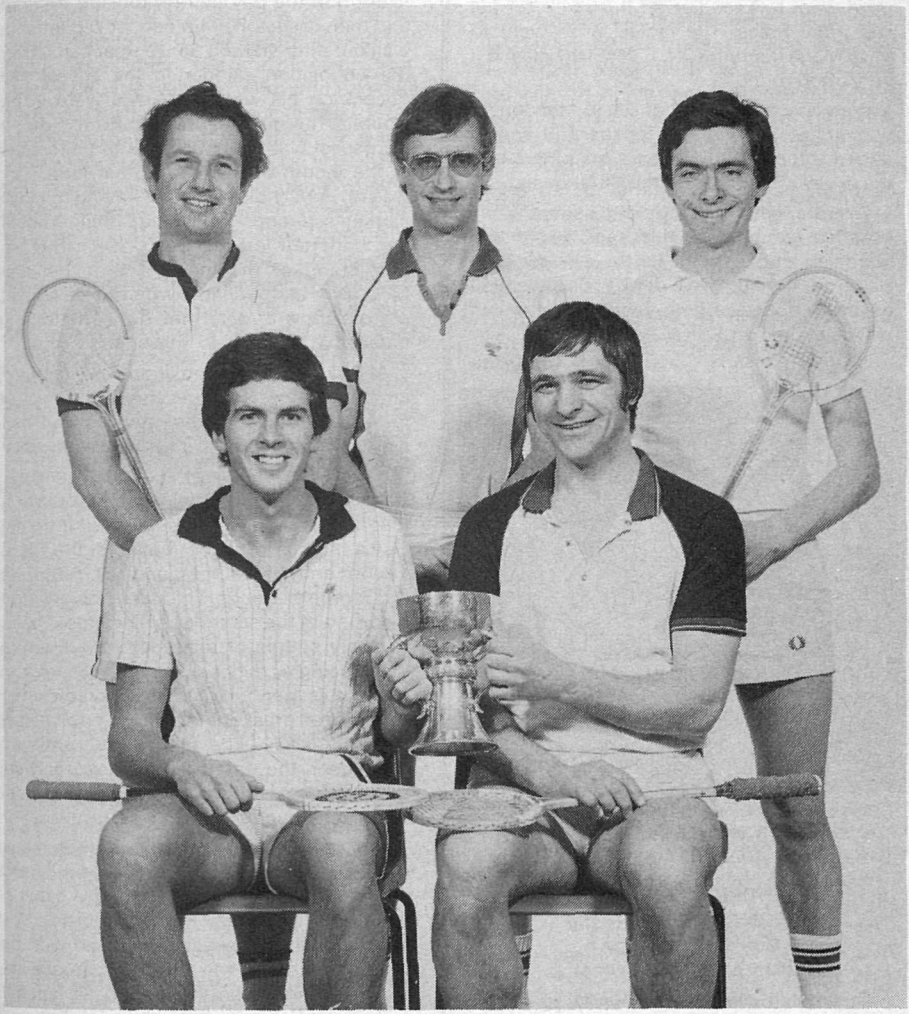
many years for Guy's will be competing in his last season next year as he is moving away from the area.

The Ladies' team led by Wendy Harris completed an unbeaten season and were promoted to the 1st Division. Due to an oversight they were disqualified from the Hospitals' Cup, but with the same side next year and hopefully a Ladies' 2nd team, they will be in an extremely good position to match the Men's team next year.

As for the other teams, well, not quite such good news. The men's 1st team, captained by Bob Taylor, were demoted to the 2nd Division at Christmas, mainly due to the absence of players who were on their electives. The Men's 2nd team led by Bill Hanks, struggled in Division 5, also with selection difficulties, but the 3rd team led by Steve Loveless and Nick Sarsons did rather better and hopefully were promoted.

So, in all, another very successful season, completed by the President match in which the "Oldies" trounced the "Youngies" 4–1. I'll never live it down.

D. R. T.



Guy's Hospital Squash Team – Winners of the Inter-Hospitals' Cup
Standing: R. Sharp, J. Webb and P. Houriman. Seated: D. Taylor (Captain) and R. Lewis (President)

GOLF

Macdonald Cup

Twenty Guy's dental golfers competed for this trophy on Thursday, 24th May at Dulwich and Sydenham Hill Golf Club. This number included six students. Considering the weather before and after the event, we were fortunate to have a fine, cool, sunny day.

R. A. Harper won with 40 Stableford points, R. Leeburn came second with 39, and N. Poole, last year's winner, third with 38 – a close finish! Fourth place was held by J. D. Haworth and M. P. Escudier on 36 and the prize went to Escudier on the score for his last three holes. The ladies' prize went to Miss Maria Jennings. N. L. McElroy played a very good round.

We were delighted that David Macdonald was able to be with us for the golf and to award the cup, which bears his name, and the prizes after dinner in the Clubhouse.

We did what we could to identify all possible competitors this year, but if any were left out, a word in the ear of J. D. Haworth, A. H. R. Rowe or M. P. Escudier will ensure a notice of next year's event which will be at Deal on 17th May, 1985.

A. D. Robinson

Mr. D. M. Macdonald awarding the Cup to Mr. R. A. Harper (photograph by A. H. R. Rowe)

CRICKET CLUB

Hospitals' Cup 1st Round
Guy's v St. George's
(Guy's won by 13 runs)

This match will be remembered for many years. It was a low-scoring game despite a seemingly lethal Guy's line-up. Determination, disappointment and sizzling fielding formed a part of the Guy's innings as did dreadful shots, bad luck and hot-headed melodrama, an augury perhaps for what was to happen later. Both teams provided student umpires – ours being Wiktor.

Jolliffe was caught off the first ball of the match and Masani departed bitterly on the last ball of the next over. Exasperation, perhaps justified, was rife in the dressing room at this stage with vitriolic comments flying from various mouths. In the meantime Cranston and Rees had worked hard for some kind of recovery, but Rees fell for 14. Again a partnership started with Pocock (centurion the day before) looking assured, and then Cranston, who had looked in touch was out after scoring 38. A great catch from the opposition skipper in the covers saw Pocock on his way and Guy's were in big trouble. The next failure was Brink, who, in retrospect was probably a bit too interested in the length of his legs to last long. King was obviously distressed at having to play a captain's innings whilst not being captain and departed leaving Guy's 99–7. The biggest stand of the innings came between McGuckin and Williams who put on 40 with a great show of determination. The innings finished at 150. Not an impregnable total.

At this stage the opposition were happy. If anything they had deserved their good fortune by catching the chances and containing the batsmen with frustratingly accurate bowling.

It is necessary, for the sake of accuracy to mention that lunch was taken during the Guy's innings probably between the fall of the 6th and 7th wickets, and tea during the St. George's innings. This was, however, not recorded in the scorebook. The 'Book' being my only source of reference (and memory loops being as they are in a medical environment), this mention of Wiktor's predicament during the breaks is somewhat misplaced chronologically. The fact is, as some will remember, the unfortunate fellow (perhaps un-knowing) had to take his seat in the 'penal' chair under glowering eyes twice.

Guy's took the field and Jolliffe again made an impact on the game (and the patch of turf where he landed), taking a catch of hysterical brilliance. Earlier George's lost their second wicket caught behind with the total at six. However, the batsman and the close fielders (even those who did appeal) were in real doubt as to the woodiness of the contact. Then with indignant determination, the St. George's Skipper and one of his

subordinates threaded together a potentially match-winning stand of 75. A very wily slower ball from King produced the miscue needed to give Brink's hands the reconciliation they were itching to get, and Farthing was thankfully out for 61. The efforts of the bowlers were being rewarded. Three more wickets fell before Fate (or was it Athena) reared her head again. A savage bounce from a good length ball of the Achillean Pocock caught the glove of the emminently mortal (he was not even a Hector) Wothierspoon (George's last hope) and Poseidon the Earthshaker grasped the ball in his gloves. A cry rose from the field of battle "How's that?" and Zeus (he shares a 'Z' at least) judged him to be banished to the world of Dead. The Trojan (George's) camp was aflame with the weeping of its women while the Elders discussed the issue at hand. From their high-walled vantage point (or was it blinkered?), a spokesman strode bravely out into no-man's-land and enquired whether warrior Wothierspoon would re-enter the land of the living, but Zeus from high Olympus caused the clouds to gather and gave courage to the Achaeans (Guy's) who as one man shouted, "NO!" After such drama it was no surprise that the last man wilted when faced with Achilles of the flashing armour and fell easy prey to the safe hands of quick witted Odysseus one of the senior Achaeans. Pocock finished with 4 for 37 and Guy's won this Epic of Homeric proportions by a mere 13 runs (not much – but a damn site more than . . .)

The immediate departure of George's after the game, muttering "cheats", was unnecessary. Their umpire could just as easily have been blamed as our's was for bad decisions. Those that were dicey all occurred at stages in the game when they could still have been overcome. I would say too many people were abusing the honest, fair-minded side of their characters and allowing spontaneous personal reaction to colour adversely the probable or actual course of events. Above all the true quality of the game was sadly overlooked by a large number of tantrum-prone players.

Hospitals' Cup 2nd Round
Guy's v. Middlesex
(Guy's won by 2 runs)

The decision to play a cup game the day after the Summer Festival was questionable, but Guy's managed to stagger forth and arrive before the opposition. After our leader lost the toss and we were inserted, Nogger Masani and *Prima Donna* both tried to score centuries before lunch and failed, one by 97 and the other by 94. Only some steady batting by D.B. prevented us from being totally sunk at lunchtime. After lunch, which consisted of a Wimpy & chips, Brink went to work with his broadsword, nonchalently clipping sixes. The rest of the batting was scrappy, Williams being caught attempting to clear a tree, and the international combination of the Polish Count and the Irish Can't Count saw Guy's reach 148.

The Middlesex openers arrived at the crease looking confident, but Williams disturbed them by taking 4–38 in his 15 overs. The Middlesex batsmen were slowly whittled away by accurate bowling and fine fielding. However, fortified by a tea consisting only of bread and jam, the Middlesex batsmen rallied to 140–8. Cranston then took a wicket, but then Pocock bowled one of the worst overs ever seen including a wide which almost hit cover point, which was incredibly not given by the gentlemanly Middlesex captain acting as umpire. Cranston however, obliged again to take the final wicket for Guy's.

Guy's 148 (Brink 58, Pocock 44); Middlesex 146 (Williams 4–38, Pocock 2–20, Cranston 2–9).

Guy's v Stoics (Drawn)

Stoics 176–8 dec. (Pocock 3–48, Tunnadine 2–67, Tucker 2–11); Guy's 124–8 (Brink 30).

Guy's v Old Citizens
(Guy's won by 7 wickets)

Old Cits. 167–8 dec. (Jani 2–54, Pocock 2–52, Brink 2–13); Guy's 171–3 (Pocock 70*, Brink 64*; partnership 136).

Guy's v Streatham Police
(Guy's won by 66 runs)

The Guy's innings of 203–2 declared off 39 overs was one of dominance. After a shaky start Masani and Pocock saw what little shine there was off the ball and its bowlers. In a partnership of 56, Masani in particular stroked the ball around nicely reaching 43 with nine fours. Then the bowling really deteriorated as Pocock and Brink made 139 together, not an elegant partnership, but what it lacked in elegance and sophistication, it made up for in force and relentlessness. Pocock finished on 66* and Brink on 82*.

In the field the game was allowed to slip as P. C. Linderbrink (What! another Scandinavian import) scored 54. However, the

boys finally decided to reassert themselves bowling Streatham out for 137. Tucker was the pick of the bowlers with 4–39 off twelve overs and Pocock took 3–28.

Team: Pocock, Zbrzezniak, Masani, Brink, Shannon, Hyder, Davies, Carruthers, Tucker, Mohan, Marchbank.

Guy's v. Chislehurst
(Guy's won by 6 wickets)

Chislehurst 137–7 dec. (Pocock 6–44); Guy's 140–4 (Brink 46, Pocock 37*).

Past v. Present
(Match Drawn)

Past 175–9 dec. (Rees 55, Williams 44); Present 159–7 (Davies 70; Shannon 4–33, Cranston 3–51).

Guy's v. Hurlingham Oddfellows
(Guy's won by 5 wickets)

Hurlingham 201–5 dec. (Tunnadine 2–41, Shannon 2–57); Guy's 202–5 (Tunnadine 102*, Brink 58).

Guy's v Carnegie
(Match Drawn)

Young Peter Jolliffe started as is his wont by smashing 20 out of 28 before he was first out making way for the mellow Chris Pocock. He, it seemed did not really need much support, with wickets falling slowly but surely only until Matt (Tavaré-you reckon?) Davies stepped in. Pocock hand-crafted an innings of impeccable purity reaching 50 in 96 minutes. He carried on with majestic power teasing the bowlers, who were incidently of much higher quality than some faced recently. Taking the strike, drawing from a catalogue of classic strokes with a few unorthodox ones thrown in, he reached his hundred in 130 minutes after crashing his way through the nineties. Thanks to this performance the favoured 200 was almost reached but for a scoring error.

Carnegie, if I recall correctly, stopped going for the runs after reaching 150–5 in good time much to our bemusement. Their innings closed at 178–5. Williams (another youngster) showed stamina taking 4–69. A very good draw.

Team: Pocock, Jolliffe, Jones, Brink, Williams, Hyder, Zbrzezniak, Davies, Mohan, Jani, Bhupal.

OXFORD TOUR

The inaugural 'Hats' tour to Oxford began at 10.00 p.m., in the Spit on a blustery Friday in late May. The fines committee immediately began to flex their muscles by fining late arrivals. The display of hats was fairly impressive, ranging from the romantic to the absurd. The former being constructed from newspaper and adorned with pink hearts by Mrs. Zbrzezniak for her beloved. The first immediate problem for the boys was whom to take as prisoner. Cieslicki and Thomas were dismissed as being too aggressive, and the name of Nigel "wimp" Marchbank was finally settled upon. Thus the prisoner was handcuffed and bundled into the van with the information that he would be released somewhere between Oxford and London.

A departure was finally made at around 11.00 a.m. after certain *primae donnae* had deigned to arrive. Once the green peril had cleared the outskirts of London, heavy rain was encountered and it seemed a suitable time to release the prisoner into the wilderness. However, disgraceful whingeing and a slightly more tangible threat that his flatmates' furniture would depart out of a third floor window resulted in the prisoner being allowed to complete the journey to Oxford.

The planned sleeping arrangements consisted mainly of camping on the Brink lawn with certain older members, including the Irish Fool, granted shelter indoors. The choice of the Fool as an indoor sleeper resulted not from his rather advanced age, but on the projected effect that his rather high frequency of colonic gas movement would have on the oxygen tension of the air inside any tent he might occupy.

The first match was scheduled to be played against Hertford College, Oxford. Skip predictably lost the toss, but unpredictably Guy's were asked to bat. Wiktor unexpectedly survived the opening over, but the drunken Masani succumbed to his first delivery. Wiktor and the *Prima Donna* also departed quickly and Guy's were faltering at 11–3. The Pocock-Brink combination again matured and a partnership of 64 resulted. More steady batting in the middle order by Davies, Russell and Hyder and the continuing domination of the bowling by Brink resulted in Guy's being able to declare at 200–8 (Brink 94).

When Hertford batted, they were outclassed by accurate bowling and good catching from Guy's. The final total of 80 gave Guy's victory by 120 runs (Shannon 5–33).

It was soon after the end of the game that Guy's made their worst decision of the day – to indulge in curry eating before and not

after drinking. After a pleasant curry had been consumed, the boys descended on the Hertford bar. Boy-Gardner was elected as drinks waiter and serious drinking was commenced with Russell occupying the chairman's seat. Intensive and heavy penalties resulted in the majority of players not feeling all that well. The chairman informed us that he was about to regurgitate his gastric contents and attempted to precipitate the outcome by placing his fingers a considerable distance down his pharynx. Not even the most experienced marine scientist could previously have witnessed the tidal wave of fluid that was projected at alarming velocity across the length of the bar. The disturbance of atmospheric equilibrium that resulted caused the Hertford Groupie to fall onto an area of floor that was not entirely dry. Masani, arriving back into the fray having emptied his abdominal contents in a more orthodox manner, produced an hysterical reaction to the mayhem that lay before him involving the discovery of new depths to his *pylorus and the deposition of its contents* alongside those already adorning the floor. After this episode the boys sensibly retired to a night under canvas.

The next day offered no improvement in the weather, but a temporary reduction in rainfall allowed the game against United Hospitals, Oxford to commence on time. However, the heavens again opened when Guy's were nicely poised at 55–2 and no further play occurred.

Thus the team began drinking rather early, but sensibly elected to lay off the curry until a somewhat later hour. Early in the proceedings the 'cream-egg bar game' was invented and Williams elected himself vicious chairman. Undoubtedly the worst offender was Tavaré. One horrendous mistake deservedly earned him a one pint penalty which he extremely unwisely elected to drink with the *right* hand. Obviously a further pint penalty with the correct hand had to follow. However, barely a third of the vessel appeared empty when projectile vomiting was demonstrated for the second time within 24 hours. Unhappily the diameter of the receptacle placed on the floor proved wholly inadequate to contain the ferocity of flow that ensued. This again tended to dampen the following proceedings including a few pints of rum punch.

Sunday's game being washed out, Guy's decided to return home early.

Diver's Boots and his Left Hand Man.

Averages

Batting – Qualification 5 innings

	I	No	Runs	HS	Avge
T. Brink	14	3	544	94	49.45
C. Pocock	15	5	487	105*	48.70
J. Hyder	7	3	83	54*	20.75
N. Masani	12	–	237	43	19.75
M. Davies	11	3	158	70	19.75
P. Jolliffe	5	1	74	21*	18.50
I. Cranston	6	1	76	38	15.20
W. Zbrzezniak	11	–	68	30	6.18

Bowling – Qualification 5 wickets

	O	M	W	Runs	BB	Avge
I. Cranston	46	11	7	104	3–51	14.86
A. Williams	80	20	14	210	4–38	15.00
N. Tucker	36	7	7	105	4–39	15.00
C. Pocock	152	33	32	490	6–44	15.31
G. Dargan	35	9	6	98	4–11	16.33
C. King	52	12	7	136	4–29	19.43
G. Shannon	127	22	19	474	5–33	24.97
P. Jani	34	6	5	135	3–24	27.00

LAWN TENNIS CLUB

On the 2nd of June at 10.00 in the morning, with weather reports of imminent showers in the afternoon, the Lawn Tennis Club's summer festival mixed doubles competition got under way. 32 pairs in four equal groups battled through the morning and afternoon, the majority of players not really in serious contention for the Festival Shield. The tennis like the weather was sporadic in brilliance; the more regular players easily winning their games. By late afternoon the semi-finalists from each group emerged. Seven out of the eight players were regular members of the Club.

Helen Fletcher and Shuaib Nasser, the favourites for the Shield, played last year's winners, Anne Scoones and Rod Jennings in the final. The game, played on the hard courts, was won by Helen and Shuaib over two sets: 6–2, 6–3. Prizes were awarded to all semi-finalists, the winners received the now "famous" Festival shield, champagne and tennis balls.

We are delighted that the maximum number of entries were received. The tournament remains popular, and appears to be increasingly competitive each year. I would

like to thank everyone for a most enjoyable afternoon especially Anne Scoones for helping to organise the event.

Our match against St. Thomas's was in a miniaturized form; Tommies able to field only 4 players. We agreed that the grass courts were unplayable and so played our matches on the neighbouring hard courts. The four players who turned up on a very pleasant Wednesday afternoon were: Rod Jennings, Chris Chin, Shuaib Nasser and Naresh Joshi. On the day we won 3 out of the 4 matches, but as they couldn't field a third pair, they automatically conceded 3 matches. The two remaining unplayed matches were split. That left the manipulated final score as 7–2 to Guy's.

The match against Westminster, whom we under-rated, as they had previously never been in serious contention for the 'Cup', was lost 6–3. The disappointed six were: Guy Thorpe-Beeston, Seiffy Shaheen, Simon Petrides, Ed Sheridan, Shuaib Nasser and Naresh Joshi. Westminster had a strong first pair, but their second and third pairs should have been beaten. Tennis is sometimes a frustrating game especially on a blustery day. However we can't really blame the elements, only our own inadequacies.

The Ladies' game against St. George's played on a Wednesday afternoon at H.O.P. heralded an enthusiastic revival of the club, with Anne Scoones the ladies' captain in charge of 4 ladies and "Matthew", who stood in for a player struck with flu. Anne and Matthew played first pair, winning one of their three matches. Liz Ellis and Phillipa Carter, the physiotherapists, won two out of their three matches. The nurses, Lorna Blake and Jenny Norman played extremely well winning two matches and giving their first pair a hard game. The match was won by Guy's 5–4.

The tennis season stretches into early August, and any interested players should contact the club through Boland House.

N. Joshi

Boat Club
Head Season Report

Before Christmas we decided to do a sponsored row. Initially this was supposed to raise monies for the club coffers. We soon dropped this idea when we realised that most people think we get too much as it is! So began the club's efforts to support the Evelina Children's Unit (a report of which can be found in the *News in Brief, p. 188).*

Before the sponsored row came the U.L. Head on 25th February. The 1st VIII had a good row in unpleasant conditions, with Miles substituting for Donald at the last minute. Miriam did us proud with some enthusiastic coxing, and the crew were just about fit enough, so that (as last year) we won our event, if not the Head of the River.

The 2nd VIII put in a good performance, though fortunately not good enough to beat the 1st, as they had been threatening to do during the previous weeks.

The Women's VIII had no competition so had to row over. They were not even offered the Pennant, though they were quite pleased with their performance, and rightly so!.

1st VIII: M. Ferrari, A. Brown, M. Fleminger, C. Millson, A. Ward, D. Pryke, R. Rasanayagam, P. Mayes. Cox: M. Scadeng.

2nd VIII: S. Khakoo, P. Cousins, I. Harris, A. Goode, S. Moore, R. Simmons, J. Pollard, J. Knighton.

Women's VIII: H. Price, S. Barnes, A. Milner, S. Meisner, R. Bateman, C. Chavasse, H. Forbes, C. Price, E. Hornung.

The next day the 1st VIII set out on the 30 mile sponsored row. Mr. Mansie our President came to see us off, and with well bandaged hands and a small cheer we pushed off. In the end, despite the rain and Phil's ears, we put in our best row, with a time of 5 hrs. 59 min. (including passing 5 locks).

3rd March: Reading Head. This was the second best row of the season for the 1st VIII. On a sunny day, despite various women's crews claiming superiority, we beat them all. The crew worked hard to the end and came 2nd in the novice event with RAF Sen. A and Lady Margaret 1st behind us.

Unfortunately we peaked too soon for the Tideway Head. At Kingston (10th March) we had a disastrous row. Partly because we did not know where the finish was, but also because of poor rowing. Then came the Tideway. In heavy rain we waited for the start; the Gentlemen's VIII had to pull out with a damaged rigger and hypothermic Cox. The 1st VIII carried on to finish one place up on last year, 337 out of 420.

Martin Fleminger
(Captain '83–'84)

Bumps 1984
Men

A scratch crew assembled at Chiswick boathouse at about 3.00 p.m. on Monday, 7th May with the sole intent of rowing in the bumps that evening. Rumours that they only wanted to get pissed were soon quashed and the crew left for a quick practice row before the event. After an hour and a half it was decided it was best to keep warm in the bar rather than risk the cold outdoors. Three hours later the crew reached the start and the race started within half an hour. The crew neither bumped nor was it bumped (chasing Bart's II and being chased by Mary's II), but rowed over.

Tuesday, 8th May: the same crew returned to the same place (start No. 13) to chase the same Bart's crew in the 2nd round. In a flurry of oars (about 30 secs), Guy's bows overlapped Bart's stern, but disaster struck when Bart's bumped George's and we had to go for an overbump, which, alas, eluded us.

The final round on Wednesday, 9th May brought forth great hopes of a bump as we were to be chasing a George's crew bumped 2 days consecutively. A typical Bart's cock-up dashed our hopes as they failed to start (their cox thought that the starting klaxon signalled one minute was left to go) and were consequently caught by George's, leaving us chasing the wake of an overbump which we never got close to. The only excitement came from behind where we were trying to prevent a crew from the Middlesex achieving their 3rd consecutive bump. A titanic struggle with them ended as we pulled away over the last third of the course, meaning that we rowed over for the third day in a row (no pun intended). Thanks go to our merry band of loyal supporters, Sue Kennedy, Helen Forbes, and Sarah Meisner, who did one day's cheering each.

The epic crew consisted of M. Scadeng (cox), A. Brown (stroke), G. Hammersley, A. Williams, D. Pryke, A. Ward, R. Rasanayagam, P. Mayes, S. Khakoo (bow).

LADIES

Alas, the ladies missed the first day due to absenteeism, and consequently on the 2nd day were put to the back of the field at start No. 18 – at least this meant we couldn't be bumped. We felt confident of bumping the King's crew in front and this was borne out as we succeeded, only to find that the bump was disqualified due to its rather aggressive nature. The next day we were again behind King's, but a new crew, a Bart's IV was now chasing us. Again, Lady Luck was not on our side, and just as we were about to bump King's they bumped the crew ahead of them, and in the ensuing mêlée, the Bart's IV bumped us.

The crew was: P. Mayes (cox), J. Treasure, M. Scadeng, C. Chavasse, C. Shannon, S. Corston, S. Meisner, plus on Tuesday, N. Forbes and H. Grimlisk, and Wednesday B. Daw and E. Aarons.

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BIRTHS

LARVIN – On 18th March 1984, at Northwick Park Hospital, Harrow, to Keyna, wife of Michael, another beautiful daughter, Catherine. A sister to Elizabeth.

TIDMAN – To Jill (née Harrison) and Michael, a son, Oliver James Andrew, born 26th May.

CHANGE OF ADDRESS

HOWELL-RICHARDS, Mr. & Mrs. have moved to 5 Kittle Hill Lane, Kittle, Swansea SA3 3LB. Telephone: Bishopston 3568.

CARNEGIE, Dr. & Mrs. D. M. move from Blackheath, London to Long Range, Keyhaven, Lymington, Hampshire SO4 0TQ on 19th July 1984. Telephone Lymington (0590) 43386.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Is there an Excuse for Failure?

Exams are over and results are out. Many former Guy's students have now had the immense pleasure of being addressed as "Doctor." Many, but by no means all, for this year twenty-four people (that is 20% of the final year) failed to qualify! It may interest you to know that eighteen people (15%) failed Pharmacology and Therapeutics; thirteen (11%), Obstetrics and Gynaecology; ten (9%), Surgery; and five (4%), Medicine. These are the worst results, by far, that Guy's has known since 1979, and it is important to determine the reasons.

Two major changes have taken place in the past year as far as M.B., B.S. exams are concerned. As a result of the merger with St. Thomas's, the United Hospitals' Medical School decided that, in 1984, they would not have their own special "internal" exam, but would share common papers with the other medical schools attached to London University. (Charing Cross, King's and the Westminster are, at the moment, the *only* other London Schools which contribute to this "external" system.) It seems likely that this particular change did contribute to the number of failures, since St. Thomas's now find themselves in an even more embarrassing position than Guy's.

Final year students used to be able to take the written papers of both the Pharmacology and Therapeutics, and the Obstetrics and Gynaecology exams in November (with their Pathology finals), before going on their overseas elective. Last year, this policy of spreading the exams as evenly as possible to soften the impact was stopped. For the first time, everyone had to take these two written papers in the Summer with Medicine and Surgery. It is obvious that the effort required to pass four exams in one fell swoop is greater than to pass two, and that this also contributed to the failure rate. Certainly many students feel that this is so.

Having made the decision to defer these exams by six months, the powers on high for some reason did not see fit to move the Therapeutics "revision" course to a more appropriate time, so the exam did not exactly follow "swift upon" the course. (For many, this "revision" course was the first formal therapeutics teaching they had had as clinical students.)

Individual students generally fail exams because of lack of ability or lack of work. Obviously some are brighter than others, but the rigorous selection process of medical school entry is supposed to choose those who are capable of emerging fully fledged at the end of the course. One must not overlook the possibility that four years of a pass rate in the nineties (% that is) induced a certain complacency amongst the final year students. When it is quite difficult to imagine yourself amongst the bottom 10, a *laisser faire* attitude is easy to develop.

What ever the reason or combination of reasons that amount to failure, for the twenty-four unfortunate individuals who have done so, life is miserable. However there are other repercussions. For example, next year there will be twenty-four "extra" people competing for the August '85 house jobs. Many senior students will resign from extracurricular activities earlier than they had intended, for fear that over-committing themselves might increase their chance of failure. Some will stay in England during their potentially "overseas" elective, in the belief that they will work more effectively at home. Next year's finalists have had a shock. They will do everything they can to prevent the results recurring. We look forward to hearing from the Medical School as to how they propose to improve the situation.

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Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

Mr. William Cook

Guy's men everywhere will be saddened to learn of the death of William Cook, who retired in 1959 after 20 years service in the post of School secretary. A thanksgiving service for his life will be held on Thursday, 20th September, at noon, in the Chapel at Guy's. An obituary will be published in the next edition.

Distinctions

Congratulations to the following students who were awarded distinctions in their M.B.B.S. final examinations this year:

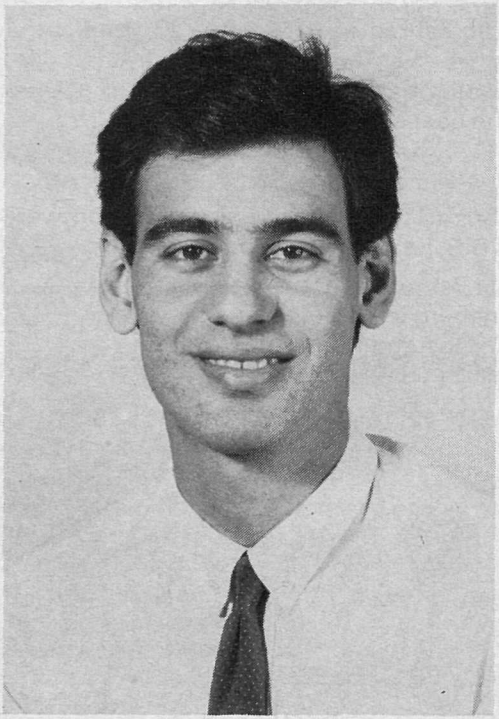
C. M. Dayan in Pathology and Surgery
Miss N. A. Fineberg in Pathology
G. F. Lesser in Obstetrics and Gynaecology
Miss C. E. Wilkie in Patholgy.

Recent Benefactions

This is a photograph of Professor Chantler receiving the cheque from Mrs. Wilson, Chairman of the National Medical Research Fund for a new lectureship in Paediatric biochemistry. Pictured with them are trustees and officers for the Fund and the Dean, Dr. J. C. Houston.

Purple Boy

Congratulations to Rifat Atun who has been awarded a London University purple for winning both the high jump and the long jump in the British Universities Championships. He is captain of the Guy's Athletics team and of the London University Athletics team.



Friends of Guy's

The Friends of Guy's would like to thank all those who contributed to and participated in their summer fête on 7th June. A total of £6,220.25 was raised. The Bottle stall proved to be magnetic and the fairground organ was enchanting.

Front Cover

This month's front cover is a photograph taken in the park at Guy's in the early 1890's by Mr. P. Hacquoil. The photographer is standing approximately where the entrance to the Nurses' home now is, and he is looking towards the Colonade (see map on pages 248/9). The sundial, the fountain and the clinical buildings might be remembered by some of our readers. Please let us know if you do!

The changing face of Guy's

The provision of two pairs of Belisha beacons in the Great Maze Pond suggests either a (gratuitous?) new clause under the Health and Safety at Work Act or that the Hospital is becoming seriously concerned by dangerous driving in the area.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are August 15th and September 5th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Clubs' Union News

As I write the Ballroom is reverberating to the sounds of ripping wood and flying hammers. A Christian Union pray-in? – I hear you ask. No, in fact it is undergoing a dramatic refurbishment. It has always seemed one of Guy's more quaint euphemisms calling this room with peeling paint and tatty decor a ballroom. It is now deservedly getting a new floor, new coat of paint, new seating and new staging and may become a presentable arena for events. But do Guy's students deserve this? The annual tradition of turning into schizophrenic lunatics on hearing exam results has just about passed, with the passing away of several armchairs, tables, toilet tiles and many other semi-permanent items of previously attractive decor. The answer has to be a compromise. Boys must be boys but they must not be allowed to ruin the environment for others. We are presently seeking to find furniture for the bar which is capable of passing such tests as facing run away Centurion tanks or, even worse, a drunken dentist with a grudge. Maybe if this behaviour is then confined to a bomb-proof bar, the ballroom may revert to a centre for civilised dancing and good conversation!

I have just returned from a U.L.U. training weekend at Wye College, Kent. This was a lovely setting in an idylic part of the countryside where the student Union officers of the London Colleges get together to discuss just how to plan marches, subvert the government and generally overthrow western civilisation. No, I exaggerate a little. This was in fact, a very constructive week-end with workshops and debates on such topics as negotiating skills, Union social events, campaigning, welfare, trading and the future of the University. The disappointment was that only two hospitals, Guy's and The Royal Free, were represented. It is unfortunately an all too common attitude among Medical Unions (especially Lambeth ones) that they're *all right Jack* and have no interest in student affairs outside their narrow portals. They accept all the benefits of campaigning and other representations without putting in any of the effort. They also deny their students the benefits of the techniques and knowledge which other student Unions and bodies can share.

I am sure that everyone who attended the Summer Festival on 2nd June would like to give many thanks to Joyce and Eric Dann who were the entire corner stones behind this extremely successful event.

J. R. Edwards

Hospital Autopsies: Too Few and Why

by **Stephen Cordner, F.R.C.P.A., M.R.C.Path.,**
Lecturer in Forensic Medicine

Introduction

Since 1836, it has been illegal to dispose of a body until the death has been registered. Medical certification of the cause of death was originally introduced to aid the detection of secret homicides, and coincidentally, a vast amount of information became available for epidemiological purposes. However, it has been well established that in about one-third of certificates, the underlying primary cause of death is wrong. So great, therefore, are the errors that exist in the statistics that accurate information for epidemiological studies of mortality and associated pathology should *only be gathered following meticulous post mortem examinations.*

This is not the only reason for performing autopsies. Table 1 outlines the potential uses that can be made of the post-mortem examination by hospital pathologists.

TABLE 1

Potential Autopsy Roles of the Hospital Pathologist

Determine cause of death.

Provide information for quality control of clinical care.

Provide *accurate* information for epidemiological purposes.

Aid research into incompletely understood diseases, new therapies, new environmental hazards.

Review results of technical procedures.

Provide tissues for transplants and hormone extraction.

Discover unsuspected and possibly preventable hazards to public health and safety.

Inform relatives of accurate family trends of disease (especially in neonatal and paediatric patients).

Undergraduate and postgraduate student education.

Although the percentage of patients dying in Guy's who undergo a hospital post-mortem examination is greater now than in the 1970s, it is low compared to 1961 and lower than it should be in a centre of excellence.

There are several reasons for this low percentage (shown in Table 2, overleaf). The first has to do with confusions about the relationship between the certification of death and post-mortem examinations. The second is a confusion that occurs after the decision has been made that a post-mortem examination is necessary. This is a confusion of the roles of the hospital pathologist and the forensic pathologist who performs the Coroner's post-mortem examination.

TABLE 2

Guy's Hospital Deaths and Post-mortem Examinations

	Number admitted to Mortuary from Hospital	*Number of Hospital Post-Mortems (%)*
1961	494	224 (45)
1966	890	222 (25)
1971	854	171 (20)
1976	887	172 (19)
1981	947	266 (28)
1982	958	247 (26)
1983	959	253 (26)
1984 (to end of June)	459	101 (22)

Certification of the Cause of Death and the Hospital Post-mortem Examination

The important elements in completing the certificate are outlined in Table 3. Of particular importance is that a post-mortem examination may take place before *or* after the completion of the certificate (Table 3).

TABLE 3

Completing the Medical Certificate of Cause of Death

(1) **Issued by:**	Registered medical practitioner.
(2) **Provided:**	He attended deceased during last illness – if not seen in 14 days before death, Registrar will refer to Coroner, unless practitioner saw the deceased after death.
(3) **Cause of Death:**	Certified as true to the best of practitioner's knowledge and belief.
(4) ***Notice to Informant:***	*When completed, taken by informant, to whom* certificate also usually given, to the Registrar.

N.B.

(a) The Certificate should be completed even if case to be referred to Coroner and appropriate space on back of form should be initialled.

(b) The certificate specifically allows for a post-mortem examination to be performed before *or* after issuing the certificate.

Under the Human Tissues Act (1961), unless the deceased gave permission before his death for a post-mortem examination to be carried out, it is necessary to establish that the relatives consent to such an examination. In some hospitals the obtaining of such consent is left to an experienced member of the administration who gains a great deal of expertise in dealing sensitively with recently bereaved relatives. Too often, the delicate task is left to the house officer who may only be faced with this particular task a small number of times. Whoever actually approaches the relatives, one of two things could be explained to them.

First of all, when it is thought that the cause of death is known, it should be explained that it would be a good idea to have a post-mortem examination performed to be certain. This would have the added benefit to the relatives of ensuring that everything that should have been done for the deceased was done, as well as improving the understanding of such cases amongst the medical staff caring for the deceased. Alternatively, if the cause of death is uncertain or not known, and there are no other grounds for referring the case to the Coroner, the certificate can be completed after a post-mortem examination. Relatives should be informed thus, and that for their own peace of mind as well as for the advance of medical understanding amongst those attending the deceased, a post-mortem examination is desirable.

Too often in this latter instance, where the cause of death is unknown or uncertain, cases are referred to the Coroner, often on the supposition that relatives will not consent to a post-mortem.

Referral to the Coroner

Referral to the Coroner can be extremely upsetting for relatives of the deceased, thrown as they are into the ambit of an, albeit cursory, police investigation. Referral to the Coroner also defeats, to a large extent, many of the aims of the post-mortem examination listed in Table 1. The exigencies of a Coroner's pathologist's practice are such that he usually has little time for post-mortem examinations that have few legal implications. This, together with his different function, means that a post-mortem examination that should be meticulously performed by a hospital pathologist in close consultation with his clinical colleagues is often undertaken in a very short time in the absence of the clinicians and even basic clinical information.

TABLE 4

Instances of Deaths Referrable to the Coroner

Accident
Suicide
Homicide
Privation, Neglect
Anaesthetics, Operations
(where it appears that either has caused or contributed towards death)
Abortion
Industrial Disease
Person in receipt of War Pensions
Person in the care or custody of the State
Cause of death unknown and suspicious of one of above.

Thus the Coroner's pathologist has a circumscribed and different function to the hospital pathologist. In suspicious deaths, he has an additional function of assisting the police investigation of the death, and this is one of the areas of his particular expertise. Table 5 outlines some of the functions of the forensic pathologist.

There is no official list of instances in which deaths must be referred to the Coroner. Table 4 is a working list of such instances. In law, the only person with a statutory responsibility to refer cases to the Coroner is the Registrar of Births and Deaths. In practice, this process is short-circuited by doctors, the police and other agencies. Once the death has been referred to the Coroner, he will almost always order a post-mortem examination. The Coroner, in law, is interested in four things: who the deceased was, and when, where and how did he die? Usually there is no problem in determining the first three of these from witnesses, and the forensic pathologist assists with how the deceased died by providing the cause of death. The Coroner is not concerned with providing the community with a complete list of all the pathological processes occurring in cases coming into his jurisdiction. His forensic pathologist is unable to do so any way because of the large number of cases referred.

TABLE 5

The Role of the Forensic Pathologist

Provide cause of death.

Assist police investigations into obscure or suspicious deaths, accidents and suicides.

Provide expert evidence concerning injuries and deaths.

Provide medico-legal information for civil procedures.

Assist wherever possible with provision of pathological information of interest and value to the medical profession and relatives.

If possible, provision of tissues for surgery (e.g. aortic valves).

Undergraduate and postgraduate student education.

(A comparison of Table 1 and Table 5 reveals the considerable disparity in the roles of the hospital and forensic pathologist).

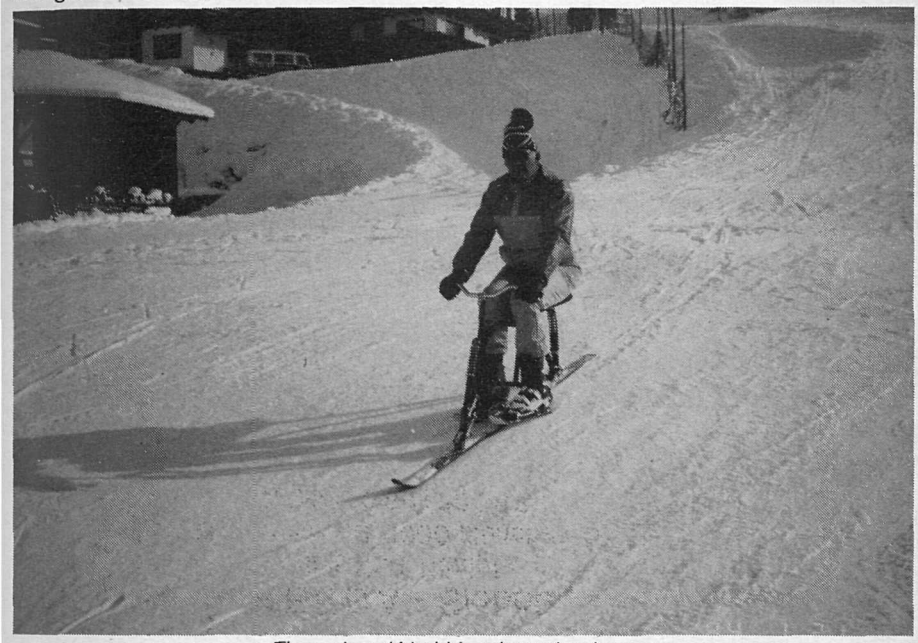
Conclusion

The cause of death given without the benefit of an autopsy is certified incorrectly in about one-third of cases. Conclusions based on the resulting statistics are therefore liable to error. These errors could be minimized and other benefits accrue if the present low hospital autopsy rate was improved. Possible factors contributing to this low rate are confusions about the certification of the cause of death and also a failure to appreciate distinct differences in the roles of the hospital and forensic pathologist.

Ski-Bobbing

by Dr. E. M. Rosser

It was three winters ago that I took up the exhilarating sport of Ski-bobbing, which is an alternative winter sport to downhill skiing. To take part in the sport it is best to join, and go with the Ski-Bob Association of Great Britain. Last January we went to Hinterglemm in Austria and next January we will go to St. Johann in Austria.



The author ski-bobbing down the slopes at Hinterglemm, in Austria.

The sport of Ski-bobbing has been around a long time – since 1875 in fact – ever since an American gentleman put a pair of skis on a frame similar to a bicycle and even before then the lads of the Bernese Oberland were reported to have journeyed between villages on a wooden-framed machine very similar to that of the modern touring ski-bob.

The Ski-Bob Association of Great Britain was formed in 1966 to give official recognition to a team of British Ski-bobbers who, each year, went to the Continent to do battle with the National Teams of Austria, France, Germany, Italy, Spain and the Scandinavian Countries for International Racing Championships honours. The British team still competes in these events and the Association is always on the lookout for future racers to carry the British flag on the racing piste. As with all minority sports, Ski-bobbing has gradually developed into a sport for all, young and old, fit and not-so-fit, to enjoy the winter mountain scene without the long and necessary ski-school training required for skiing. The ski-bob, because of its low seating and four

points of contact with the snow, is far easier to learn and enjoy than any other winter sport. Ski-bobbers know that after about three days in Ski-bob School, the ordinary pupil can expect to be able to descend the downhill runs confidently – not as a racer admittedly, but safely.

Each year, at a selected resort, we hold a National Week with races and numerous classes at all levels run by our Internationally Licensed Instructors. Tuition is free, well almost, except for a small charge to cover administration costs. Bronze, Silver or Gold awards are given to those deserving pupils and a lively social life makes it a week to remember.

During the year, various social functions are held and these are supplemented by the activities of local clubs. Information is available about resorts and equipment and we like to think we can answer the majority of questions that may be put to us about the sport.

Your £2 entrance fee plus the £5 annual subscription entitles you to a cloth badge, lapel badge and sticker, together with past newsletters and information. Further information can be obtained from our Honorary Secretary, Miss Sandra Jolly, S.A.G.B., Marwood House, Colville Road, Acton, London W3 8BJ. Tel: 01–992–6533. The Association is affiliated to the *Federation Internationale de Ski-Bob.*

The D.H.S.S. has a staff Ski-bob club, to which 70 of the 200 Ski-bobbers in this country belong.

Acknowledgements; to Major Len Hawkins and Andrew McNeice.

Jack the Ripper

Reported by Æsop Æsthete

For the second year in succession, the second year medical students have made good use of their vast leisure time in the summer to stage a play. Despite the simplicity that no scene changes afford, it was an extremely ambitious production in that a totally unknown play was chosen (cf. My Fair Lady) and it seemed that virtually the whole year of 120 were on stage at the same time. Quite a recipe for disaster; and whenever one uses the term "ambitious" for an amateur production, one assumes that the play should never have been staged.

However, I am happy to report that Jack the Ripper made one of the most entertaining evenings I have ever enjoyed. Like the rest of the audience, I was swept along by the enthusiasm and obvious enjoyment of the cast, and captivated by Maria Thom's performance.

The play itself is a "musical play" written by Ron Pember and Denis de Marne, and is loosely based on the Ripper murders late last century. The plot is fairly inpenetrable, but the action is kept going by cleverly changing from a London street scene to a music hall stage. This was done simply and extremely effectively by a slide projection and the sudden animation of the

music hall audience. Just when it seemed likely that a murder was about to happen, we switched happily back to the music hall stage. Otherwise the plot served tenuously to link some surprisingly good songs together.

Owing to the very small stage in the Harris Physiology Theatre, more blocks had been used than usual to bring the Steam Packet Music Hall stage out to the curtain, whilst the chorus/audience all sat in front, continuous with the paying audience, leading to an extremely intimate atmosphere, helped by a full house. The backdrop was of the London sky-line, including a silhouetted Guy's Tower, which I am sure nobody in the audience failed to appreciate.

The show itself had a robust vulgarity, which came naturally to those who brought us last Christmas's B.M.S. revue. There were many very funny lines and mannerisms, but as is always the case with musicals, the songs were the best bit. For the most part they were instantly likeable, but immediately forgettable. Exceptions were the hauntingly beautiful "Good by Day" sung by Maria Thom as Marie Kelly, "The Ripper's Going to Get You if You Don't Watch Out" by four Rippers, and the finale "Saturday Night" by the whole cast. Without wishing to sound too infatuated, Maria stole the show by her polished acting, attention to the detail of mannerisms etc., but above all by her singing which was powerful and tuneful, and can be best likened to an extremely good Nancy in Oliver! – I hope she finds the comparison flattering.

Anthony Gardner as Montague Druitt and Maria Thom as Marie Kelly. (In the background is part of Guy's Tower.)

When the police are finally forced to hunt the Ripper, they dress in drag and the song "In Women's Clothes" received the most ribald cheers of the evening. The other songs involving the chorus were very well organised with everyone knowing what they were supposed to be doing. Whilst not all singing like nightingales, the chorus sang with amazing vigour, coming in loud and with confidence.

Other major roles were well cast and well acted. Montague Druitt, played by Antony Gardner, strode around the stage with convincing arrogance and dazzled us with some really rather good magic tricks. Whether he was or was not the Ripper I never quite fathomed. Neil Yardy as the Chairman of the Steam Packet gave a very Sachs-like M.C. performance which helped give the show its pace and continuity, and his singing was more than tolerable (Andy Farmery played the role on the Thursday night). Sarah Corston as Lizzie Stride and Queen Victoria was delightfully vulgar, and Humphrey Needham-Bennett as the Police Sergeant was marvellously over-the-top and wrung every last laugh out of his performance. The Gang of Paul Staker, Martin Coady and Simon and David Carruthers were also very good. Annie and Polly (Helen Crimlisk and Tina Sajjanhar) were both highly enjoyable.

"The Ripper's Going to Get You if You don't Watch Out," sung by four Rippers.

The musicians played closely and with enthusiasm, but were never too loud. They were all excellent (piano: Anthony Clements, violin: Nigel Marchbank, oboe: Navrose Masani). The lighting was very effective – especially for the twilight scenes.

Musical direction was by Anthony Clements; the show was produced and directed by Sarah Meisner and Maria Thom.

Next year's B.M.S. students have a hard act to follow.

A Visit to the Bristol Cancer Help Centre

by Jill Johnston, sister in the Medical Oncology Clinic at Guy's

In the Medical Oncology Unit at Guy's, a number of patients have expressed an interest in, or proposed a visit to, the Cancer Help Centre at Bristol and then looked for our reactions.

The Consultants I work with have maintained an open mind about Bristol but I felt it would be useful to gain some knowledge at first hand.

After two days there, I feel I understand more of the underlying theme, of teaching their patients self reliance and a more positive control over their own physical and subconscious selves, as well as their disease.

The Laying-on of hands at the Bristol Cancer Help Centre

The visitors to Bristol are offered a wide variety of activities tailored where possible to individual requirements and length of time spent there.

The initial reaction on entering Down House at Bristol is a warm, vital and welcoming atmosphere. Everyone takes great trouble to greet all the patients and whoever has accompanied them. After a group welcome by Christopher Pilkington, who with his wife and Dr. Alec Forbes were instrumental in starting the Bristol Centre, the new patients go through a busy schedule which gives them an insight into the workings of Bristol. They are interviewed by one of the doctors and may join in various sessions including the use of processes known as bio-feedback, meditation and visual imagery which are used to aid relaxation. There is counselling and healing if they wish for those.

When first inquiring about the Bristol Centre the patients will have been sent various booklets. One of the most important includes details about the Bristol diet. This is probably the most controversial aspect about the whole place. Dr. Alec Forbes stresses the need to adhere closely to the diet for an initial 3 month period. To me, one of the uninitiated, it appeared to be a rigorous and fairly extreme vegetarian diet which could be daunting for all but the fittest and most dedicated of my patients. But emphasis was laid on ridding the body of all the accumulated toxins absorbed during many years of junk food. I'm sure our nation's health could be improved by a purer diet, but I wonder whether cancer patients are the best to start on.

The Cancer Help Centre at Bristol operates as a separate organisation, independent of the N.H.S. If patients do adhere to the diet and visit the centre regularly, every three months, it is an expensive undertaking. However, I feel that Bristol can fill a very real gap in the overall care of a number of cancer patients. We all wish to provide a more complete and supportive service, and I saw for myself that the Bristol Centre sent their patients home truly strengthened as a result of their stay.

I was very grateful to be able to spend two days at Bristol and hope to be able to let the medical profession know that Bristol is no threat to treatments but a complementary approach to cancer which I think all patients should be encouraged to explore early on in their disease, should they express a desire to do so.

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Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

It would not be appropriate to attempt a full report of the recent B.D.A. meeting and the International Symposia which were linked to it but a few comments might not be wasted.

The formal induction of Dr. John McLean, who qualified from Guy's in 1948, proceeded with great dignity as did the presentation of delegates and officials of the Association. From the Presidential Address and that of the retiring President there were three points which were thought to be of great significance. The first was, we must realise that we live in an era when the privilege of professional people to retain a monopoly in their respective fields is being challenged more vigorously than usual. The second was, in effect, a proposal to introduce compulsory postgraduate education for updating practitioners, and the third was that the B.D.A. should take a more positive part in arbitration where disputes arise. At first sight these may be three unrelated comments but that is not so, they are related, and very important.

The scientific programme which followed was on a restorative dentistry theme by internationally known authorities. Some points of interest were these:–

It seems the notion which has been current for some years that the function called Centric Relation in Gnathologic jargon is no longer the most retruded jaw position. It is now the position when the condyle is at its most superior point in the joint anatomy. This will bring great joy to many of us who never believed the former theory.

Much of the meeting was devoted to tooth reconstructions by means of metal-ceramic restorations but one or two speakers voiced doubts regarding the bonded ceramic to metal restorations and regretted the decline of gold inlays and crowns.

Much time was spent in explaining the inadequacies of our present shade matching method. Quite complex methods have been used in researching this subject but one did not detect any real hope that the dentist of the future will be armed with anything better than, perhaps, a wider selection of patterns on an extended shade guide.

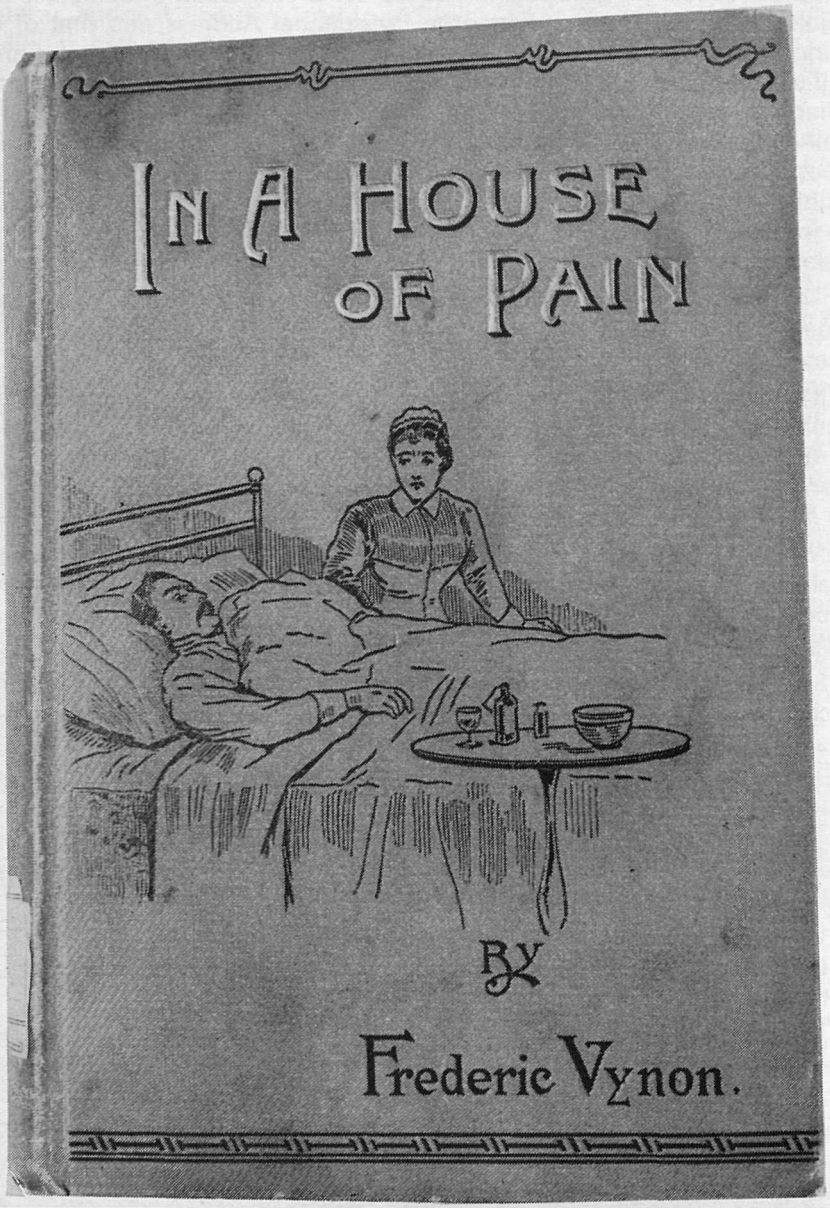
Seeing slides of most beautiful ceramic and porcelain bonded restorations, one wondered a little if they have not gone too far in their philosophy of making margins supragingival.

We were disappointed but in a sense reassured that even the experts are still in doubt about the aetiology and treatment of the temporo-mandibular joint disfunction syndrome.

One of the most important aspects of this meeting was the presence of many dental technicians, or should it be technologists, in the programme and in the audience. Dentistry has increased greatly in the complexity of its laboratory procedures. There is inevitably more dependance of the dentist on

technical backup. Students, too, are doing less of their own laboratory work. Practitioners will know less and less about what goes on unless they are enabled to keep in touch by attending meetings of this sort and see practical demonstrations by experts.

The lectures and seminars were well attended even up to and including Sunday morning. Some eccentricity in the funtion of slide projectors in the Conference Hall was to be regretted but, on balance, one must conclude that the Barbican Centre was a good venue for such a conference.



A Forgotten Guy's Novel

by Andrew Baster

In 1894, four years after he had qualified from Guy's, Frederic George Vicars published a short novel, *In a House of Pain*, under the pseudonym of Frederic Vynon. If he had not later presented a copy to the hospital library, inscribed with his own name (after 1913 he also added his authorship of it to his entry in the *Medical Directory*) there would have been no way of telling – except perhaps for the subject – that the novel was by Vicars and not Vynon.

Most of the novel is set in an unnamed hospital, which is obviously Guy's. It is Guy's of course of about 1890, when the hospital was centred on Guy's House (containing the surgical wards) and Hunt's House (finished in 1871 and called in the novel "the new buildings": containing the medical wards). The medical school buildings had not been built; the old residential college is not mentioned. Vicars' description of the lay-out of the hospital is so accurate that with a map of the period it is possible to follow the characters around, as they go between the "Front Surgery" (Casualty: off the left of the colonnade), the operating theatre (above the colonnade), the library (to the right of the colonnade) and to the mortuary (through the end of the colonnade, in the Park on the right). It is clear from the novel how much of a social centre the colonnade used to be.

There is no reason to think Vicars' description of the interior of the hospital is less accurate, and we are given interesting glimpses of it. For example, one of the wards at night ("Matthew" Ward, probably Job or Lazarus Ward):

> *It was half-past eleven at night in Matthew ward. There was only the faintest glimmer from the three large gas jets which were alight. Around the fire-place were arranged cotton screens that kept the glare of the fire and the lamp on the wicker table out of the eyes of the patients. There was very little pain in the ward that night. The morphia syringe had corrected that.*

The second chapter of the novel gives an account of an operation. A man is brought in badly injured from "the station close by" (London Bridge): he is carried to the porter's lodge at the entrance to the colonnade, from there to the Front Surgery, from there to Accident Ward (the same name both in the novel and in real life) and then up to the operating theatre. The details of the operation: the gas lighting, the house surgeon giving anaesthetic, the Lister carbolic spray, and the theatre itself, are accurate (Lord Brock's article "The operating theatre of old Guy's Hospital", in *Guy's Hospital Reports*, volume 113, gives a picture of the theatre):

> *The great glare of the gaslight lit up the scene. A dozen or so of dressers climbed to vantage points on the tier-arranged seats which filled the semi-circular room.*

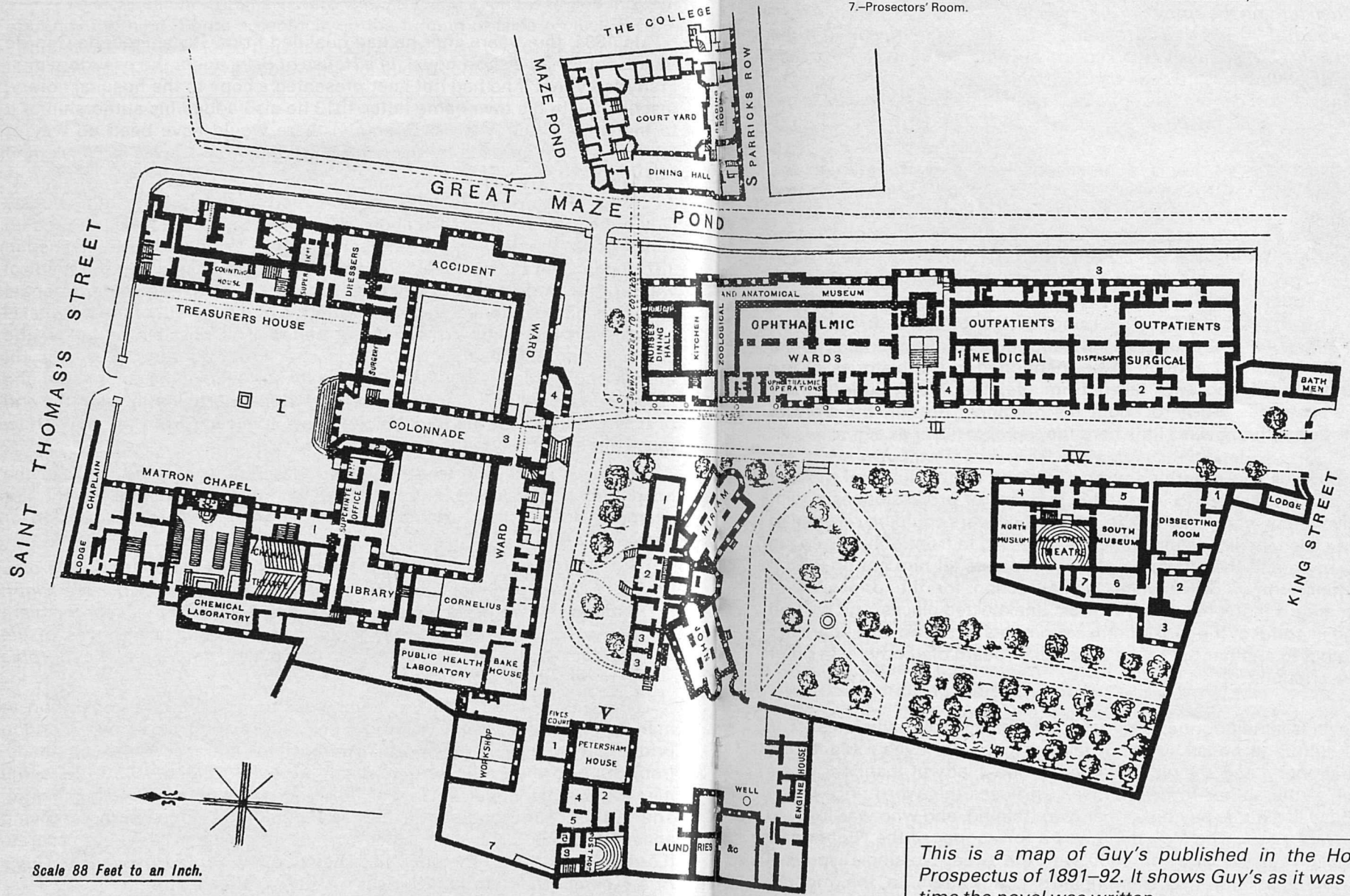
I.—GUY'S HOUSE
1.–Medical Officers' Room.
2.–Matron's Office.
3.–Entrance to Subway.
4.–Splint Room.

II.—CLINICAL HOUSE
1.–Electrical Department.
2. Clinical Assistants' Room.
3.–Toxicological Laboratories.

III.—HUNT'S HOUSE
1.–Medical Registrar's Room.
3.–Medical School Office.
3.–Entrance for Out Patients.
4.–Clinical Laboratory.

IV.—MUSEUM BLOCK
1.–Demonstrating Theatre.
2.–Injecting Room.
3.–Physiological Class Room.
4.–Surgical Class Room.
5.–Cloak Room.
6.–Locker Room & Lavatory.
7.–Prosectors' Room.

V.—PETERSHAM HOUSE
1.–Dental (Conservation) Room.
2.–Pathological Laboratory.
3.–Mortuary.
4, 5.–Coroner's Court Room.
6.–Mortuary Chapel.
7.–Dental Laboratory.



Scale 88 Feet to an Inch.

This is a map of Guy's published in the Hospital Prospectus of 1891–92. It shows Guy's as it was at the time the novel was written.

GUY'S HOSPITAL.

Loftus rapidly put the injured man under chloroform, while Mr. Jamieson examined the shattered limbs.

"Gentlemen," said this master of the knife, "it's a case for double amputation above the knee-joint. . . . Is he ready?

"Yes," answered the house surgeon.

"Then turn on the spray."

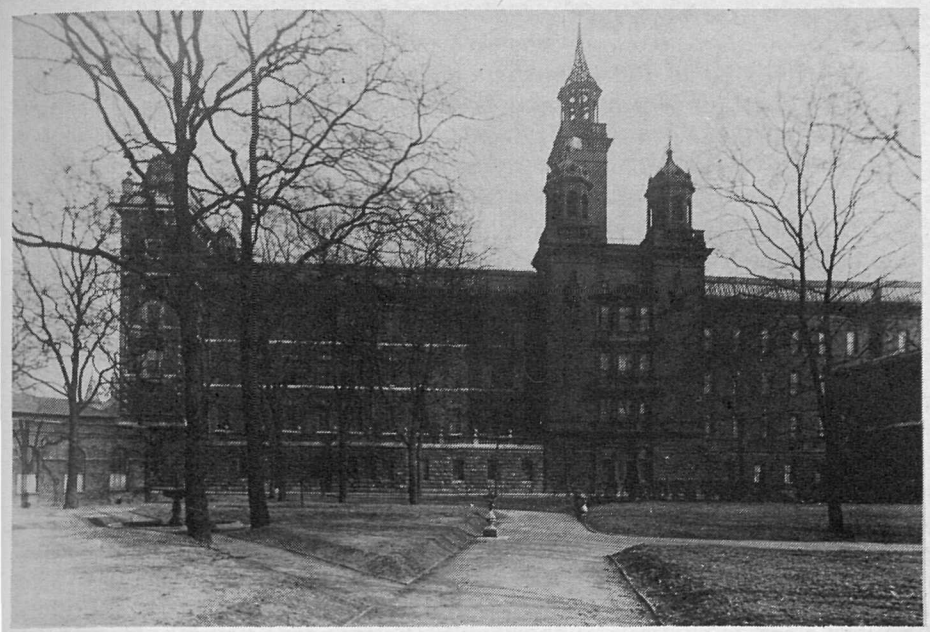
A cloud of steam shot across the table; the knife gleamed in the brilliant light; Mr. Jamieson worked against time. All knew it was a race with death, with heavy odds on the destroyer. . . .

"Sixty-five seconds" said Phillips, looking up from his watch as the limb dropped in the sawdust.

Mr. Jamieson is Mr. W. H. A. Jacobson, Assistant Surgeon to the hospital 1876–1900, and Surgeon 1900–1908. Other members of the hospital staff appear under slightly altered names – the author preached what he practised – and were recognised by the Guy's Hospital *Gazette*, who reviewed the book soon after it appeared. (The *Gazette* thought that "to other than Guy's men much of the local incident is devoid of interest"). Samuel Wilks appears as "Dr. Dilkes, the great pathologist"; Dr. Hale-White as Dr. Figg-Brown, who attends the heroine's sister; Mrs. Keogh, last of the pre-Nightingale nurses, appears as Mrs. Kane. At least one character in the novel was not important enough to be mentioned in the histories of the hospital, though she too was taken from life, the "lively little nurse" Penelope, who teases the hero about his romance; on her, the *Gazette* thought, the author had been a little hard (he represents her as a gossip).

Vicars obviously saw nothing wrong in lifting large chunks of the real world into his fictional world. Partly this is a lack of professionalism with regard to his unreal world; he felt that any disbelievers could be referred to Guy's. Partly, also, he liked describing what he had in front of him, and his own pseudonym and the disguises of his characters let him get on with it with the minimum of disturbance. His attraction for the principles of description means that it recurs in the most unexpected places, and we find for example in some of the most intense moments of the novel a character responding not to another but to the absence or death of another – in other words, a description.

The novel is a melodrama, and is written with suitable stylishness. The hero Frank Loftus (a house surgeon) falls in love with Evelyn Manton, a "lady probationer", and she with him. In real life a lady probationer was a "lady pupil" – the author forgets himself and uses this word once in the novel – who was a nurse paying for her own training, and who was likely to become a ward sister. The lady pupil was a forerunner of the Nightingale reforms which reached Guy's in 1880 with the Great Nursing Dispute. It could be said that Florence Nightingale's contribution to the modern doctor/nurse romance was to ensure a supply of women of the proper background to the hospitals. Surely Vicars was one of the first to take advantage of this in a novel.



Hunt's House

Frank and Evelyn declare their love in one of Frank's visits to her ward, a third of the way through the novel. This gives Vicars an excuse for some of his worst writing:

> *A moment's pause broke them away from earth, and launched them all aglow into the realms of ecstasy, and as hand clasped hand, and lip pressed lip, in one convulsed embrace, the magic words "I love you" sealed their vows in Heaven.*

Here the novel might have ended. However, the heroine has a sister, Madeline, who disappeared in London a year ago. Frank also has a friend, Charlie Phillips (his dresser at the beginning of the book, and the most amusing character in it; the *Gazette* calls him a "muscular cynic") whose brother Cecil is drinking himself to death in "Bohemia" after being jilted by a girl. "Bohemia" is London's Bohemia of the late nineteenth century: "The Venice of vice", Charlie calls it, "a city intersected in all parts by canals of whiskey". According to the author the chief street of Bohemia is the Strand, and around there and in Soho most if not all of the next third of the novel is set (the novel could easily be divided into three parts, like an opera). Frank swears to Evelyn that he will find her sister, and his search (via Great Scotland Yard and Madeline's landlady in Chelsea) leads him and Charlie to Bohemia and Cecil; it emerges that Cecil knows Madeline. Entering Bohemia, the author's style changes. Previously full of cheerfulness, he now becomes severe. Neither Madeline nor Cecil are part of the charmed world of Guy's; they are (rather like patients) from outside, and therefore judgeable. Here for example is a description of Cecil:

In his own way he loved Madeline, with a half-frenzied passion, an emotion of no very high order, especially as the object of his affections supplied him on demand with most of the necessaries of life. There is a large quantity of cheap emotion for disposal in Bohemia. . . . Cecil Phillips had a wonderful stock on hand, and had an artful way of dispensing it, which often produced the desired effect.

He traded on the pity of womankind.

They find Maddie in Bohemia, in a flat in Shaftesbury Avenue. She has been seduced and abandoned. This sets Frank and Charlie a problem, for how can Evelyn be told? It sets Vicars a problem too. He was obviously interested in women: two of his main characters are women. The novel begins with a discussion of nurses as wives and the "new woman" – in which Charlie comes out with this view of "intellectual companionship":

The day is spent in the clink, clink of intellect, and the evening, which should be passed in innocent pastime, in rest, is taken up with a réchauffé of the day's doings, which, alas, the wife understands!

The most realistic picture of a woman in the book, is characteristically one which the author must often have observed for himself in Guy's: Evelyn Manton's discomfort – that of a middle class girl brought up to a life without a job – at having to adjust to the hard life of a hospital nurse. Nevertheless, in company with many far better novelists of the day, Vicars cannot escape from the dreadful pitfalls of Victorian morality, by which women were angels until touched by men, when they became either whores or wives. Evelyn is a ministering angel, and Maddie is a fallen one, and however much he may have wanted to describe women realistically, Vicars is constrained by this.

Frank decides not to tell Evelyn about Maddie. At this point Death – the great substitute for morality in melodrama – intervenes. Frank returns to Maddie, finds she has pneumonia, and brings her to Guy's, where she is nursed by Evelyn, still ignorant of her secret. Cecil returns to Maddie's empty flat, drinks her whiskey, falls downstairs and dies a few hours later in the "Strand" (Charing Cross) Hospital under the eyes of the girl who jilted him, who has since become a nurse. Maddie dies two days later. The deaths relieve Frank and Charlie of their problems and convert Charlie from his cynicism.

The climax of the novel is still to come, however. In the last chapter but one, the author abandons his usual attention to the real world, and most of Guy's House burns down. Perhaps if we consider the hospital as one of the characters in the novel, it is simply another death:

The great square in front was filled with a crowd of agonised men and women, relations many of them of the patients within . . . the whole of the block where Mark ward had been was in a blaze, and the chapel side of the square had already caught fire. . . . In the neighbouring streets the traffic was stopped, and already the floating fire-engines were steaming up the river and getting into position along the wharfs, to be ready if the conflagration spread in that direction. . . . Each surgeon, attended by his faithful band of dressers, rushed to his

principal ward, and the work of carrying the patients to the "Park" was proceeded with as rapidly as possible.

Frank and Evelyn join the attempts at rescue (the characters are really divided into those who help and those who do not, as well as those who are capable of being helped and those who – like Cecil – are not, a sort of moral triage which is no more complicated than the sexual one). Evelyn is trapped in her ward trying to rescue her patients, under a wall which is about to give way. The wall falls:

> *The crowd of men who had climbed on to the stone wall on either side of the great gates in front of the hospital, and were glaring through the iron railings on the top, like wild beasts fascinated by terror, were the first to shout a warning:*
>
> *"Jump for your life, miss" came from a thousand throats at once.*

But she does not jump, and dies in Frank's arms, a "victim to duty". The next morning Frank tries to kill himself with an injection of morphia, but is saved by Charlie, who tells him "he is left behind to work for others".

Vicars obviously enjoyed writing the novel. He had thought about his reading enough to be reasonably confident of the effects of his writing, but not enough to find this confidence disturbing. Had he thought more, he might have interested us less, since it is his acceptance of current values, customs, and even geographical locations which give his book its unexpected appeal to us. Reading it is rather like watching a costume drama about Guy's as it would have been had it been put on ninety years ago.

The Front Surgery of 1894 – The Spit in 1984

He never published another novel, though he may have tried to write one – perhaps because no other place made the same impression on him that Guy's had. He seems to have divided his life between London and travel abroad, occasionally sending accounts of where he was, and also stories, to the *Gazette*. Towards the end of his life he settled in England, working for the Ministry of Pensions; he died in 1923 or 1924.

The photographs published in this article (and the front cover) were taken by Mr. P. Hacquoil for Wilks and Bettany's 'Biographical History of Guy's Hospital' (1892). The originals are in the Wills Library.

The Bore Report

Continuing by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Bar losses. Shock! Horror! (Again) The perennial problem has struck again with undue severity. At least, my old friend's suggestions of providing enough receptacles to ensure that bottles do not have to go over the counter has been taken up, but this may only serve to check the losses. Indeed, it is not even wholly effective. By the way, it surely could not have been a Vice President whom I saw stamping on an empty bottle, late last month. . .

I see that the Ballroom is to get a new floor. Judging from the protective attitude to the old one, it is rumoured that no-one will be able to walk on it.

At least St. Christopher's managed a 100% pass rate in medical finals for a second year running. Is this a record?

Certainly the overall rate is the worst for five years since the departure of Smiling Death. It is rumoured that one department is going to be cutting down on its book writing . . . What will they do instead?

Oh Dear! Part of the last report came out even more garbled than usual. Suffice it to say that the London beat Thommies in the semi-final of the UH Cricket Cup, and then proceeded to do the same to us in a close final, which we could have won if another wicket had fallen . . . Still, it was a good run, although it may have been our best chance for some time, unless some good freshers come along. At least the boys had some champagne afterwards to drown their sorrows. Perhaps one should remember the earlier rounds, such as Tom Brink's match-winning innings resulting in a chair off the field, and even tears from the captain. (I do hope he didn't misfield another bread roll).

The preclinical dental results were also somewhat undistinguished, with a third of the year failing at first sitting. I noticed that only the physiologists felt able to turn up to HQ on results night. Mind you, as a year they do have an appalling taste in ties, at times.

I hear that the rugby club have a bye in the first round of the UH Cup. They could well get through to the semi-finals for the first time in more years than one cares to remember, let's hope they get some good support.

Talking of the cup side, I notice that not only is the *Gazette* represented by a current news editor, but also by two former – albeit ageing – Sports editors. With the Cricket Club President being a *Gazette* man too, perhaps the journal should put out a side of its own past and present officials.

Outside the Horseshoe may not have been the ideal venue for a trio practising an impromptu madrigal. Fortunately, a local musicologist had an appropriate remedy. I do hope John and Andy dried out before the next Clubs' Union Council meeting.

Who are these mysterious figures? What have they been doing? I think we should be told. . .

Nursing

Nursing, at this moment in time of uncertainty in its future, government cuts, shortages and pressures to keep within a budget, is a stressful profession. With yet another introductory course of "new" students being launched upon our "depleted" wards, still the candidates are queueing up to be interviewed with great aspirations of becoming a "nurse".

It is rewarding and enlightening to teach such new learners that have a maturity and thirst for knowledge and an enthusiasm for their work that is catching. The curriculum content within the school is ever changing to meet learner/patient needs. The importance of communication within all levels of nursing from learner to patient to all disciplines of Health Service workers and Management is at this time so vital. The nursing contribution to the *Gazette* tries to provide current thoughts, ideas and information that may be of interest to its readers.

This month I would like to portray the role of a "Clincial Teacher." No one day is the same. Our day starts with signing in the desk diary our ward/school committments for the day. We do not carry "bleeps" so this is one way we cannot be contacted. We work with learners on our allocated wards on a regular basis. We are team attached and have professional accountability to our senior tutor and ultimately to our Assistant Director of Nurse Education, who attends our monthly Clinical Teacher Meetings. We teach within our team in the classroom when required and outside our team act as a resource person within our speciality for other Tutors and Clinical Teachers. We attend varied working parties and committees that are education based. We role model for visiting Clinical Teacher students and have an input into the Guys Unit Induction Day and new staff orientation programmes.

Annually we have four intakes of 40 Student Nurses. A Clinical Teacher is an integral part of usually one of these intakes. As these students pass through their training and come into school for structured learning, our involvement is usually practically based or communication/ward discussion linked. We try to stay abreast of all current nursing press and keep up to date with the latest research findings. In this way with our work in the ward area and our communication with the trained staff, a steady flow of information can be channelled from the Ward to the School and vice-versa.

The work on the ward has infinite possibilities. This is structured according to the needs of the patient, learner and ward area. We work with all learners in our Ward Environment, hopefully as a role model/resource person encouraging them to ask questions, helping with patient communication, consolidating theoretical knowledge and keeping personal standards high to provide sound nursing care.

We confer with nursing management aiming to help provide a good learning environment on the wards, encouraging the ward staff to utilise their knowledge in teaching the students, and being supportive to trained staff in introducing them to the school facilities, books and articles which may be of use in the ward area. In times of pressure on the wards we can simply be another ear to listen and another pair of hands.

I find Clinical Teaching a rewarding field of work. So often though in the promotion of learning and in trying to maintain excellence of care one does not always give praise where due. To all the students who work so hard and keep so cheerful, thank you for the Good Times.

Serena Cooper

Guy's Hospital
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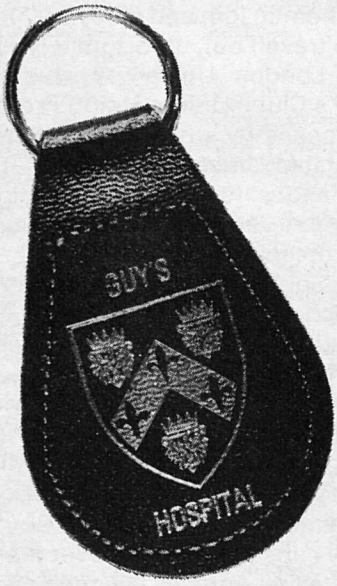

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Physiotherapy

Student Physiotherapists at Guy's are required to belong to the School's Students Union and, in consequence, their annual subscription is included within their bursary – paid, incidentally, by the D.H.S.S. rather than by their local education authority, but calculated on the same basis. That the D.H.S.S. pays overcomes the potential problem of their course not officially being of first-degree status and the grant, therefore, being discretionary rather than obligatory for the L.E.A. Membership of the Students Union enables them to join and enjoy privileges of membership of the N.U.S. (such as cheap travel) but, unfortunately, does not give them any standing in relation to London University student organisations and, consequently, to the Guy's Clubs Union. Union Presidents in the past have tried hard to find some means by which physiotherapy students could be admitted to full membership, but without avail and our students must depend on grace and favour (usually forthcoming) exceptional talent (sporting or otherwise) or natural charm (amply in evidence) in order to rub shoulders and jostle with the medics and dentals.

As this is a restriction applicable to the other physiotherapy students in the capital, a London Schools organisation has been set up to try to broaden the scope of student contacts and to foster togetherness, on the one hand, and rivalry, on the other. This year, the President of this organisation is a Guy's third-year student and she will be trying to promote sporting and social encounters between the various Schools. For the record, the others are at King's, the London, the Middlesex, the Prince of Wales's, St. Mary's, St. Thomas', the West Middlesex and the Whittington.

A swimming gala has long been held and Guy's has won the overall winners and medley relay cups consistently over the last six or seven years. (The inspired selection of a Los Angeles Olympic competitor, which should have sewn it up for the next three years has, unfortunately, been thwarted by her accepting a sports-scholarship in the States.) Tennis, hockey and squash competitions have all been held with greater or lesser efficiency in recent times, but an innovation in mid-June was a Physio Fun Day at the King's sports ground on Dog Kennel Hill.

What you may think constitutes fun for a physio is open to conjecture, let alone all day, in the fresh air, in Dulwich, in June . . . What is certain is that the Guy's students were better at it – whatever it was – and they won the trophy to prove it. So now, flanked by the aforesaid swimming cups, there stands a splendid teddy-bear, properly dressed in white tunic and navy-blue trousers, still lacking a name but, it is to be hoped, eventually to wear his/her physiotherapist badge with pride.

Gail Suffield's victorious team included two conventional rugby players (from Blackheath and from that club – the others do not want to know about – in the West Country), some unconventional ones last seen in action at Steve Duckworth's Festival and some new sporting talent who leaped frogs, ran races, apple-bobbed, ate and drank more and faster than their opponents! Congratulations!

Ronald Cooper

Book Reviews

"Multiple Choice questions in Physiology" by Sheila Jennett and Oliver Holmes. 1st Edn, Pp. 128. Price £3.95. Cover: S. Published by Pitman.

For many years the Physiology Department at Guy's Hospital Medical School have handed out sheets of Multiple Choice questions (MCQ's) at the end of each lecture so that students might assess their understanding of the lecture. Judging by the number of students who raise points from these questions during tutorials, this self-assessment exercise is taken seriously by many students. In the Basic Medical Sciences Examination the department has now replaced MCQ's with short answer questions, but students aspiring later to the Primary FRCS Examination will meet questions at a similar level.

This book has two hundred questions compiled by two experienced teachers of human physiology to medical students. Many of the questions are of an applied nature, involving environmental and pathophysiological situations, which corresponds to the philosophy of the Guy's course. An interesting feature of the book is that most answers are fully explained, so that the students understanding is reinforced by knowing why he has made a correct or incorrect choice.

Attempting MCQ's is no substitute for reading a textbook or monograph, but many students will find this book a useful guide to their progress in gathering knowledge and understanding before both undergraduate and postgraduate examinations.

F. J. IMMS,
Senior Lecturer,
Department of Physiology

Bailey & Bishop's Notable Names in Medicine and Surgery. 4th Edition revised by Harold Ellis. Pp. 272. Price £15.00. Cover: H. Published by Pitman.

I purchased the first edition of this book as a schoolboy and budding medical student in 1944, when the authors were Hamilton Bailey and W. J. Bishop. I still have this fascinating copy of 193 pages which contains no less than eighty short biographies of famous medical people remembered for things named after them, e.g. Fallopius, Willis, Malpighi, Dover, Herbeden, Pott, Colles, Bell, Dupuytren, Bright, Addison, Graves, Hodgkin, Mèniere, Paget, Spencer Wells, Charcot, Hirschsprung, Erb, Koch, Freud, Koplik, Mayo. The only two women mentioned are Marie Curie and Madame Klumpe.

The book is well illustrated. There have been some deletions by Professor Ellis and additions of Billroth, Cushing, Kocher, Lane and Lister.

MERVYN ROSSER

"Clinical Examination of Children – A Handbook" by Jan A. Kuzemko 1st Edn. Pp. 85, Price £3.95, Cover: S. Published by Pitman.

My interest in this book was aroused by the claims made on the back cover that it outlined "practical methods for the examination of children" and, furthermore, offered "a concise and accessible account of the art of paediatric diagnosis".

Unfortunately, I was disappointed. Half the book is devoted to normal laboratory values for such substances as plasma carotene which are out of place in a book written primarily for medical students. The accounts of both history-taking and physical examination fail to stress the differences between paediatric and adult medicine. Whilst the methods outlined will work very well in the co-operative child, there was little advice on securing the confidence of the fractious infant or toddler and none at all on the difficult art of making the best of the child who refuses to be formally examined. With cunning, much can be learnt by inspection (e.g. as he runs away from you, is his gait steady?) which therefore forms the major part of the paediatric examination and deserves much emphasis. Diagnosis was also given little consideration: with the exception of the section on the cardiovascular system, there is very little on the interpretation of physical signs elicited.

However, although it fails to fulfil the promises on the cover, the book does provide a logical summary of the paediatric history and examination and may therefore serve as a useful *aide memoire* if not as a good introduction to the subject.

VIVIENNE VAN SOMEREN
Lecturer,
Department of Paediatrics

"Interferential Therapy" by Brenda Savage. 1st edn. Pp. 117. Price £2.95. Cover S. Published by Faber & Faber.

Interferential currents have been available for therapeutic use for thirty years or so, but it is only recently that they have started to be widely employed. Physiotherapists are accused of being resistant to change and slow to experiment, so this time-lag is not necessarily indicative of doubts about the treatment's value. Those who have used it tend to champion it vigorously and many patients find it successful where other methods have failed. The publishers confidently expect, they say, that this book will become the standard guide for both students and qualified physiotherapists.

It opens with chapters by two Bart's physicists on the underlying physical principles and on practical considerations regarding types of apparatus and their use. Miss Savage then gives some general information on the various electrodes and their positioning and on the application of treatment. The greater part of the book, however, is her account of the treatment of groups of conditions, ranging from recent injuries via rheumatic diseases and asthma to incontinence. The text is well-illustrated with photographs and line-drawings and my copy is now further decorated with marginal expostulations of "why?", "how?", "where?" and other indications of an unpersuaded reader.

One recognises that it is frequently difficult to explain why doing something to a patient makes him feel better. Equally, one recognises that physiotherapists have been criticised for failing to research their methods and substantiate their claims, resting their case on simple empiricism. This book does tell its reader what to do and occasionally suggests that there are reasons why it works, but it is not always easy to see the connection.

Miss Savage emphasizes that there is no such thing as a routine application and that the therapist must adjust her treatment according to the clinical findings and the desired objectives. However, it is by no means clear what the grounds are for advocating certain methods or for proposing a certain intensity, duration and frequency of treatment, a course of 12 treatments, an eight minute or a seven minute dose and so on.

Perhaps the slow acceptance of this treatment method has been in part attributable to scepticism and resistance to wide-ranging claims. It has to be conceded that it often works, however, and it would not be the first time that the theory has had to run behind the practice, so probably the publishers are correct in predicting success for the book. To judge from the paucity of references and recent publications in the suggested reading list, it is not going to be lost in the crowd, anyway.

RONALD COOPER
Principal,
School of Physiotherapy

"Lecture Notes on Psychiatry", by James Willis. 6th Edn. Pp. 139. Price £5.50. Cover: S. Published by Blackwell Scientific Publications.

I must declare a prejudice. I never recommend lecture notes of any kind to Psychiatry students since to do so is the most effective way of diminishing interest in the subject.

I can see some point in a revision text, but this book is intended as an introduction and does not really address itself to the exam (i.e. MCQs, short answers and the clinical). Interestingly, if one looks at the psychiatry questions in the short answer paper in this year's M.B. one would not be helped in any way by this book. There is no mention of grief, either normal or abnormal, or of community care for the demented, or any section on paranoid states.

Guy's students who read this book are likely to find themselves in some confusion during their psychiatry appointment. Our view of depression differs considerably from that expressed by Willis. The section on History Taking is based on the old Maudsley model, now largely supplanted at Guy's. The section on physical treatments is woefully out of date as is that on individual psychotherapy. Family therapy does not get a mention. Group therapy is misleading. Behaviour therapy is described as synonymous with systematic desensitisation. The Section on psychiatry and the law is now rendered obsolete by changes in the mental health act (1983). One could go on, but I think the message is clear.

B. K. ROSEN,
Consultant,
Department of Psychiatry

"Improving Children's Competence" by P. Karoly and J. J. Steffen. 1st edn. Pp. 315. Price £19.50. Cover H. Pub. by Lexington.

"Autism and Severe Psychopathology" by P. Karoly and J. J. Steffen. 1st edn. Pp. 331. Price £24.00. Cover H. Pub. by Lexington.

This is a new service from America intended for all professional disciplines concerned with disorders of childhood. The main objective is to present up-to-date overview of current research and practice.

In recent years there has been an increasing emphasis on competence as a way of getting away from the hereditary-environment split. The focus being on what the child is actually able to do or cope with in a practical sense rather than an unconscious process and hypothetical developmental stages.

The volume on children's competence covers social skills training with particular emphasis on withdrawn and isolated children; a helpful chapter on dealing with learning problems; and finally some discussion on improving the skills of mentally handicapped children. This aspect is rather too specific to be of general interest, but at least two thirds of the book would be of great value to anyone interested in developing and training skills in children.

Volume 2 is much more theoretical and would be unlikely to be of much use to anyone apart from those directly interested in the research findings in a wide variety of "psychotic" children. Much confusion still exists in the field particularly in relation to terminology. It soon becomes clear that the contributors to the book share this problem.

The two volumes are very well presented and on the whole clearly written. Although each will appeal in a different way, they are both recommended as useful reviews of current research in the areas they cover.

J. B. PEARCE
Consultant,
Department of Child Psychiatry

"How to Live with Diabetes" by H. Dolger and B. Seeman. Revised edition Pp. 176. Price £2.50. Cover: Soft. Published by Penguin.

Life with diabetes has been a popular theme – indeed in one variant or another a popular book title – since the epic work of R. D. Lawrence, The Diabetic Life, in the 1920s when insulin suddenly miraculously made life possible for many.

Henry Dolger and Bernard Seeman bring this theme bang up to date in the 1980s; in the 5th edition of a book which has given information – and courage – to generations of U.S. diabetics. Its coverage is wide. The new knowledge of susceptibility to diabetes, the distinction between the classical, severe, potentially lethal variant insulin dependent diabetes mellitus (IDDM) and the less dramatic but equally damaging non insulin-dependent diabetes mellitus (NIDDM) is outlined, and the quite different therapeutic approaches to these forms succinctly described.

Insulin, its many variants and evolving strategies in its use are discussed. The most impressive aspect of the book is its careful handling of detail – how to draw up insulin, how to inject, how to test, how to interpret. Measurement of urine and blood glucose are described. The newer views of diet are well laid out and the image of unattractive mounds of indigestible fibre dispelled.

A final section looks into the future – at the genetics of diabetes susceptibility and how it may be prevented; at the miracle of man-directed biosynthesis of insulin molecules – at the ingenious bioengineering which has made insulin pumps portable and will surely provide an implantable artificial pancreas. Not a book for the diabetic just to read but also to keep and reread. To turn to when in doubt. And to obtain a great charge of important information in self-care and hope for the future.

H. KEEN,
Professor,
Metabolic Unit.

"Multiple Choice Questions in Rheumatology", by Ian Griffiths and Philip Platt. Edited by John Anderson. 1st Edn. Pp. 119. Price £3.95. Cover: S. Published by Pitman.

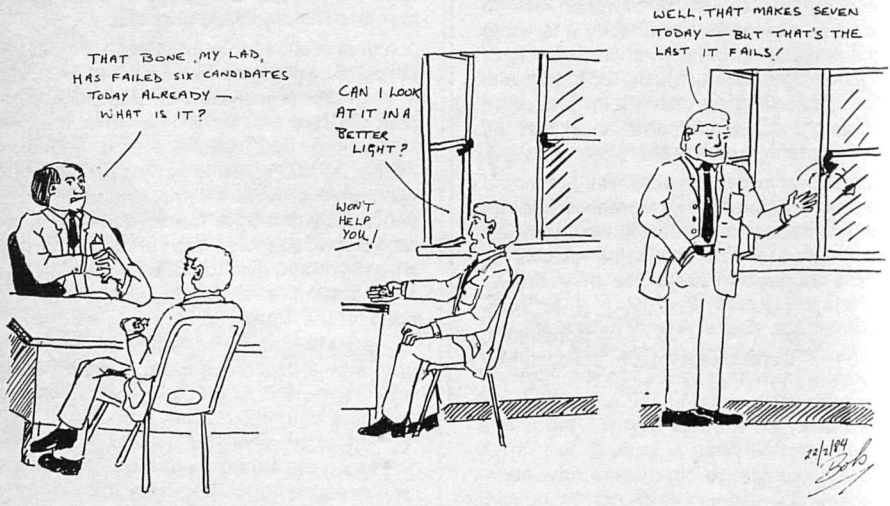
This book is one of a series designed to improve both knowledge of a topic and the technique of answering multiple choice questions. The foreword contains some useful general advice about coping with this form of assessment.

There are 12 sections, each containing 20 questions. Answers are provided after each section and these are expanded to provide a sentence of additional information. The majority of questions are about clinical rheumatology but relevant immunology, biochemistry and pathology are included and reflect the scientific basis of this subspecialty.

The range of questions is comprehensive but a book of this nature is necessarily superficial. The answers are didactic but often arbitrary and sometimes, in my opinion, wrong. That, of course, is the problem with multiple choice questions and this little book, although well constructed, is no substitute for a larger book which displays the uncertainties and conflicts of modern medicine.

I would recommend the book as an aid to revision for those about to undertake finals or the M.R.C.P. exam.

T. J. GIBSON,
Consultant,
Department of Rheumatology


THAT BONE, MY LAD, HAS FAILED SIX CANDIDATES TODAY ALREADY — WHAT IS IT?
CAN I LOOK AT IT IN A BETTER LIGHT?
WON'T HELP YOU!
WELL, THAT MAKES SEVEN TODAY — BUT THAT'S THE LAST IT FAILS!
22/2/84

Correspondence

Cons Room

CORRESPONDENCE

Dear Sir,

I have had this picture of the Conservation Room of Guy's Hospital Dental School by me for some years. It was, I believe taken about the beginning of this century and my Uncle, Mr. H. B. Ross, L.D.S. who qualified about that time is in the picture.

Kind regards,
Yours sincerely,

J. A. IRELAND,
1 Elm Road,
Sidcup, Kent.

Psychotherapy Conundrum

Dear Sir,

I write to thank Keith Lloyd for his article on psychotherapy which appeared in the June 1984 issue of the *Gazette*. I found it most helpful. Psychotherapy is a contradiction in terms because it literally means "mind treatment". In my own experience the less a therapist does, or feels the need to do, the greater the benefit to the patient. I do not like the word client. Medicine and the training involved in becoming a doctor involve students in the concept of treatment. Psychotherapy is an unconscious reverse of this and therefore provides the scientific mind with a conundrum which it will continue to try and solve, quantify, or otherwise, until the proverbial cows return to the roost. The only qualification required to practise psychotherapy is that the said person be a human being. The only threat to the human being and his basic psychic functions are the processes of education in general and medical education in particular. Thus a "good" doctor could be a "bad" psychotherapist – perish the thought!

Yours etc.,

JAMES PITT-PAYNE

12 Top Park,
Beckenham,
Kent BR3 2RU

Wasting Doctors' Time

Dear Sir,

Speaking as humbly as one who bears the Guy's Hospital Crest on his Dental Surgery walls is able, it is to the *Gazette* readership that I feel I should address this question.

In the Press today I have read that there are one hundred thousand "patients" who are not ill taking up doctors' time. Could not a "problem solving service" be founded spreading the load right across volunteers from all the professions. Those who wanted to help would very likely be good at it since being helpful is what is required; and if there were enough volunteers they would

have the time to give, say two hours per week or more for the assistance of those with a really difficult problem and just do not know where to go for sound advice of a non specialized kind. The "experts" could be guided by a handbook and report their results to the Doctors if necessary.

I am confident that a really expert opinion on the practicality of this idea could be obtained by the *Guy's Hospital Gazette* and it would be worth printing.

G. H. G. BRADLEY,
13 Ambleside Close,
Woodley, Reading.

Sport

INTRODUCTION

After a splendid season the Cricket 1st XI were unfortunately beaten in the final of the Hospitals' Cup in a tense and exciting match against the London Hospital.

The Cricket club has undergone a metamorphosis in the last year under the majestic leadership of Chris Pocock. Much of the success must be attributed to his fine all-round performances. However, it is Tom Brink who has stolen the limelight, especially in the Cup Matches where he kept the Guy's batting together with a number of fine knocks. His season's aggregate of 869 runs is the highest by a Guy's batsman for a number of years.

Meanwhile the annual Staff versus Students Golf match took place recently. The young upstarts managed a memorable win which reflected the strength of Guy's golf at present.

Thus as the Summer Season draws to a close we look forward to a good break and the resumption of the Winter Season at Honor Oak Park.

W.Z.

GOLF CLUB

Staff Match

The annual staff versus students golf match was played at Huntercombe Golf Club on Friday, 22nd June.

The match took the form of foursomes matchplay with morning and afternoon rounds being played.

The morning round saw the students take a useful 3½ to 1½ lead despite losing the top match due to some fine play by Mr. T. Coltart and Professor A. H. R. Rowe.

After lunch, notable for its alcoholic content, the staff appeared to be redressing the balance. Mr. J. Maynard, having drawn his morning match, teamed up with Mr. R. Brain to win the top match against Michael Escudier and Robin Russel.

In the next match the long straight hitting of Neale Calver and Guy Thorpe-Beeston enabled them to overcome the much fancied pairing of Mr. T. Coltart and Dr. Seward.

This left the students requiring to win one further match for victory, even after the Dean and Professor A. H. R. Rowe had beaten Mark Osborne and Graham Meharg. It was thus left to Pete Baldwin and Nick McElroy to gain the necessary win, while a win for John Ivory and Peter Cliffe, "Fresh from their Finals" completed the days golf.

Match result:
Staff: 3½
Students: 6½

Teams:

Staff: J. Maynard (Capt.), R. Brain, T. Coltart, G. Houston, M. Joyce, M. Lawrence, A. H. R. Rowe, Seward, S. Trounce, L. Youlten.

Students: M. Escudier (Capt.), P. Baldwin, N. Calver, P. Cliffe, J. Ivory, N. McElroy, G. Meharg, M. Osborne, R. Russel, G. Thorpe-Beeston.

M.P.E.

CRICKET CLUB

Guy's v. Royal Free
(Guy's won by 133 runs)

Guy's 180–9 dec. (Brink 79); Royal Free 47 (Shannon 4-15, Pocock 2–23, Cranston 2–8).

Guy's v. Old Castletonians
(Guy's won by 5 wickets)

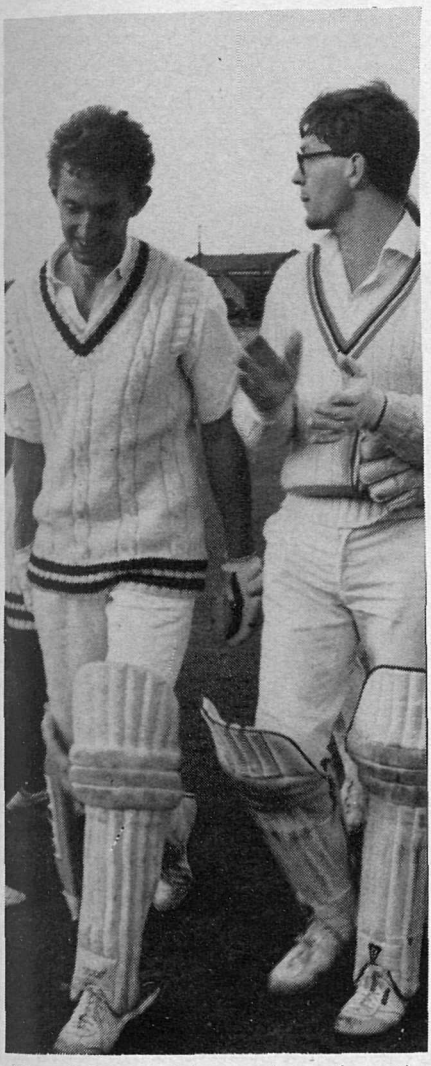
Old Castletonians 105 (Dargan 4–41, Cranston 3–10); Guy's 106–5 (Davies 44).

Guy's v. Brixton West Indians
(Lost by 94 runs)

Brixton W.I.s 208 (King 4–58, Cranston 3-26); Guy's 116.

Hospitals' Cup Semi-Final
Guy's v. Bart's
(Guy's won by 1 wicket)

Steady bowling by Guy's restricted Bart's to 178 in their alloted 60 overs. Good performances were returned by King (3-20), Williams (3–42), Shannon (2-33) and Tunnadine (2–44). When Guy's batted a steady partnership of 43 between Pocock and Brink saw Guy's handily placed at 43–1 having lost King to the first ball of the innings.



(Tom Brink receiving applause from the Bart's Skipper after his match-winning innings of 85 not out in the Semi-Final.)

However, a ludicrous LBW decision saw the end of Pocock and a disastrous middle-order collapse reduced Guy's to the depths of 103–8. A miraculous fightback then occurred consisting of partnerships of 46 between Davies (17) and Brink, and the match-winning last wicket stand of 30 between Shannon (15*) and Brink who finished with a Gomes-esque 85*. The final four was hit in front of an emotional partisan crowd in great atmosphere as Guy's were finally lead home by the staunch Brink.

Guy's v. Gray's Inn
(Guys won by 8 wickets)

Gray's Inn 112 (King 3–24, Cranston 3–40, Williams 2–21); Guy's 117–2 (McGuckin 40*, Brink 36*).

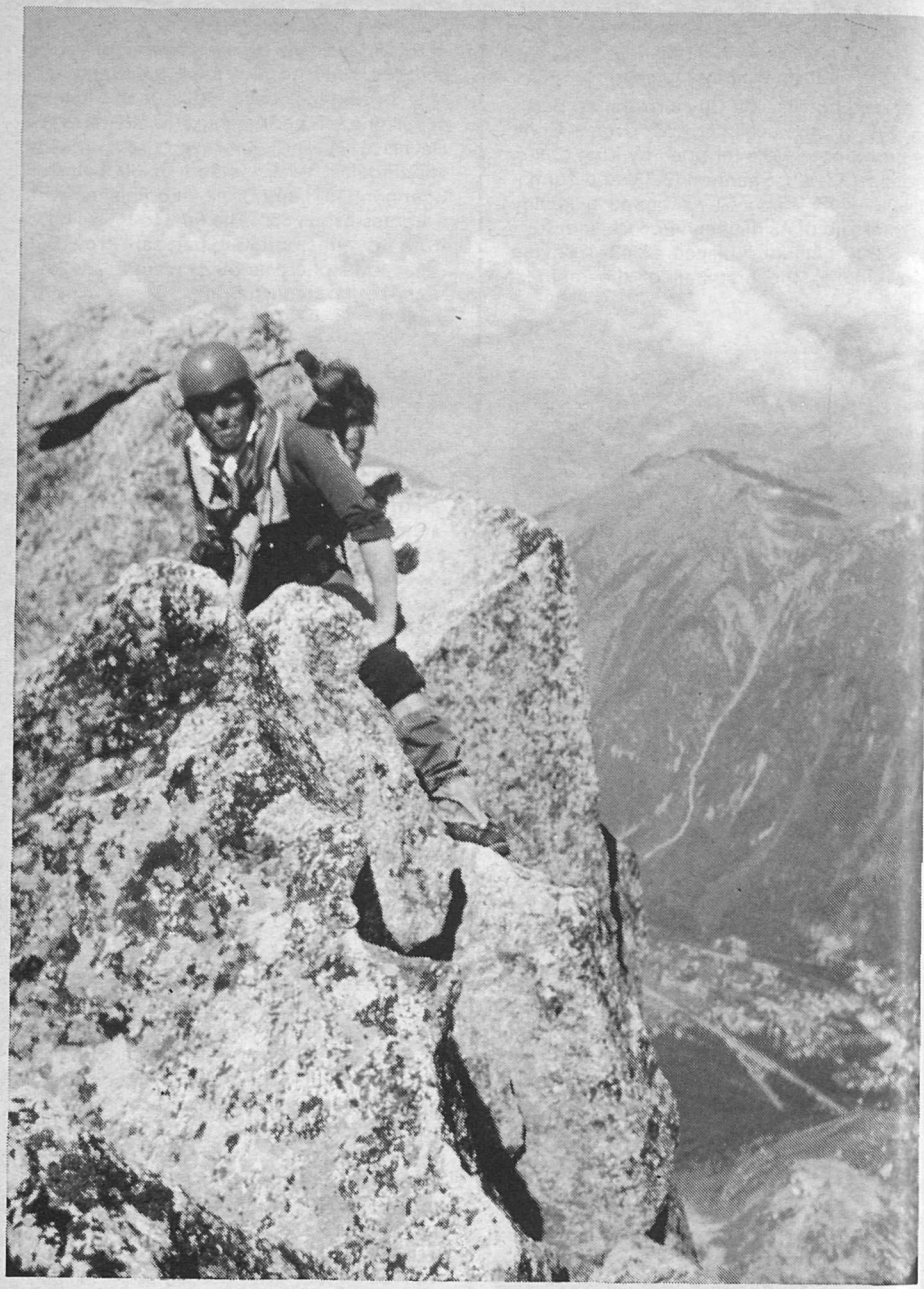
Guy's v. Lambeth
(Guy's won by 7 wickets)

Lambeth 96 (Cranston 5–37, Smith 3–8); Guy's 98–3 (Brink 40*, Pocock 32).

Hospitals' Cup Final
Guy's v. The London
(Guy's lost by 3 wickets)

Guy's lost the toss and were predictably inserted. As in the semi-final a partnership of 47 between Pocock and Brink built a sound base which the middle order could theoretically build on. However, it was not to be and only another determined innings of 69 by Brink who was out to the last ball of the innings allowed Guy's to reach 169. When The London replied batting was made to look easy; with the aid of dropped catches The London had reached 37 without loss when torrential rain hit Honor Oak Park. On the resumption and with the introduction of Williams and Cranston into the attack wickets began to tumble and London collapsed to 63–5. The entrance of their captain spurred the team to reach 100 without further loss but two more quick wickets again reduced The London to 106–7 with Guy's favourites at this stage. However, it was not to be and The London's skipper and wicket-keeper manufactured a steady partnership of 67 to win the match. The pick of the Guy's bowling coming from Williams (3–39) and Cranston (3–42). Thus, a disappointing end to an otherwise satisfying season. Look out in a later *Gazette* for the captain's end-of-season report and the final averages.

The Diver's Boot



LATE NEWS

We are pleased to report that the Guy's Hospital Mountaineering Club Santa Cruz Expedition has safely reached Base Camp. We hope that all four expedition members are feeling as confident as Tom Humphries appears to be here (Chamonix – Summer 1983).

RUGBY FOOTBALL

The 'A' XV – THE SEASON

	P	W	D	L
	5	4	1	0
v Goldsmiths College	Won		33–4	
v Chelsea College	Won		17–9	
v Imperial College	Lost		33–0	
v UCH	Won		25–22	
v Metropolitan Police	Won		15–14	

The 'A' XV are the shambling bunch of degenerates found occasionally frequenting the lower spit on a Wednesday lunchtime. They are a special breed of people, dedicated to the game, prepared to play at any cost, but usually the promise of a few jugs afterwards will suffice.

So the season began with a crack squad setting off for Goldsmith's College on a pleasant October afternoon. The game started at a ferocious pace and Guy's were put under early pressure. However, when the sun broke through the clouds and began to shine on our backs (à la française) Guy's showed their fluent style. Spectacular efforts and others slightly less so brought tries for Davies, Coleman, Shuker, Leigh and Lloyd. Kev Shuker's attempt at portraying Sylvester Stallone gave the ref no alternative but to send him and his opposite number to the clubhouse twenty minutes early. However, both players settled their disagreement on the touchline and in the true spirit of rugby returned to enjoy the game. The 33-4 win was celebrated by drinking their bar dry and then returning to our own H.Q. for some fun and games which appeared to disturb our nursing population.

The falling of leaves and a crispness to the air heralded the Gutteridge Cup run with an away fixture at Chelsea College. Due to the work of the team dipsomaniacs at a previous encounter, we were met by an irate groundsman whose mumblings of 'bloody doctors' seemed to suggest that we weren't welcome. Members of the 2nd year Dentist Megaphone Liberation Front claimed responsibility. Guy's, angered by the lack of a meal and a bar in the clubhouse after the game, proceeded to demolish Chelsea College with efficient performances from senior statesmen Hacket and Bryant and Pat Chen making his debut.

The quarter-final of the cup led us to Heathrow and Imperial College. The long trek meant that some of the team arrived half an hour late and the game finished perhaps ominously, in semi-darkness. From the onset Guy's were outclassed and a distinct lack of commitment could be felt. The only thing the forwards caught all day was a dose of impetigo from the opposition loose head prop whose photograph would be suitable for any dermatology lecture. However, notable performances came from Graham Smith, Simon Love and a young fresher Adrian Watts despite the 33-0 defeat.

As the poplars gathered a frost and an icy wind blew down Honor Oak Park, the first Inter-Hospital Merit Table match took place against UCH. The lack of a referee and the loss of Pete Dooley with a broken finger didn't make things easy, but a glorious try by Mike Coleman after slick passing along the back line set the game alight. The lead changed hands several times, as Keith Underwood showed the speed of his English namesake and Pork E. Poole showed his speed of thought from Smith's quick lineout. The second half was just as exciting and Guy's thought they had clinched it when Simon 'Sugar Ray' Flynn pounced on a loose ball over the UCH line. However, towards the end Guy's forward pressure told and came out victors 25–22.

The final game of the season was against Met. Police 'M' Division and players' availability was noticeably low. At 1.30 p.m. in the Spit Guy's had eleven players with the only offers coming from the ladies hockey substitute and the bus conductor's brother-in-law on the way down to HOP. Eventually, a side was put together to tackle the officers of the law and despite a four-stone-a-man lighter pack, it seemed from the commitment that certain Guy's players had something to prove against those bast . . . bastions of society. Welcome appearances came from Sean O'Hara and John Hyder and special mention for the front five of Love, Martin, Hägquist, Seare and Smith. A penalty and a drop goal for Staker and tries by Hayley and Meharg ensured Guy's a surprising 15–14 win. It was a fitting end to the season.

The Squad: Seare, Hägquist, Flynn, Martin, Rockall, Love, Smith, Denmark, Whitfield, Dooley, Rayner, Carruthers, Lloyd, Shuker, Hyder, Underwood, Meharg, Watts, Docker, Staker, Leigh, Poole, Flanagan, Hayley, Chen, O'Hara, Bryant, Hackett (Snr), Hackett (Jnr), Thomas, Coleman, Davies, Hammersley, Redman, Baldwin, Williams.

Pied Piper Escapee

LADIES TENNIS CLUB

A Saturday morning tennis match was played against Guy's arch rivals St. Thomas' Hospital. Unfortunately Thomas' could only field four players but inspite of this it was a friendly and competitive match. The players were Liz Ellis, Sharon Turf, Ann Tuddenham and Anne Scoones. By the end of a hot sunny morning's tennis we were equally placed in matches and sets. We look forward to a decisive win next time.

Another match was played against Charing-Cross Hospital at Cobham one Wednesday evening. Unfortunately it was scheduled for the day the railwaymen decided to have their unofficial strike. Consequently only four players with private transport were able to reach Cobham. In the event only four players from Charing Cross turned up. It was a good match with Liz Ellis and Phillipa Carter playing as the first couple, and Netty Fox and Heather playing second. By the end of the evening we had lost by one match to three. In spite of the score the evening was thoroughly enjoyed.

One other match was arranged for June and a team was fielded by Guy's but unfortunately it had to be cancelled as the opposition could not put forward a team. In August after the short summer break we hope to arrange social mixed doubles matches.

Anne Scoones

Hospital Information

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M.B.,B.S. PASS LIST

The following Students listed below passed M.B., B.S. in June 1984. They are listed here with the House jobs they start in August.

Bahri, A. K. (HS), Greenwich District Hospital
Barnick, C. G. (HP), Buckland Hospital, Dover
Batterbury, M. (HS), Battle/Royal Berks, Reading
Black, J. J. M. (HS), Mr. O'Flynn/Thoracic – Guy's
Blaikley, A. B. (HS), Orthopaedics/Professorial Unit – Guy's
Brown, Miss P. M. (HS), Basingstoke General Hospital
Bundy, M. J. (HP),Professor Lessof/Dr Staffurth – Guy's
Bush, P. A. (HS), Lewisham Hospital
Challenger, Miss P. S. (HP), Joyce Green Hospital, Dartford
Child, Miss R. S. (HS), Gravesend & North Kent Hospital
Clemetson, D. B. A. (HP), Greenwich District Hospital
Cliffe, P. A. H. (HS), William Harvey Hospital, Ashford
Coumbe, A (HP), Pembury Hospital
Cox, Miss D. E. (HS), Queen Elizabeth Hospital, Birmingham
Cross, S. S. (HP), Lewisham Hospital
Dare, Miss M. J. (HP), Hither Green Hospital
Dayan, C. M. (HS), Greenwich District Hospital
Deuchar, N. J. (HS), Maidstone Hospital
Dowson, A. J. (HP), Preston Royal Infirmary
Evans, Miss S. C. (HP), Burnley District Hospital
Fewster, S. D. (HS), McColl/ENT – Guy's
Fineberg, Miss N. A. (HS), Edgware General Hospital
Foley, M. A. (HS), York District Hospital
Fowle, Miss D. C. (HS), Musgrove Park Hospital, Taunton
Giles, Miss M. R. M. (HP), Pembury Hospital
Gott, Miss E. J. (HS), Mr. Rendall/G.U. – Guy's
Habashi, S. (HP), Trounce/Knight – Guy's
Harley, S. C. L. (HS), Greenwich District Hospital
Humphries, T. A. (HS), Derby City Hospital
Ivory, J. P. (HP), St. Helier Hospital, Jersey
Jeffery, Miss A. A. (HP), Lessof/Staffurth/Keen – Guy's
Jeffreys, S. G. E. (Miss) (HS), Orthopaedics/Maynard – Guy's
Johnson, Miss M. R. (HS), Royal Devon & Exeter Hospital
Judd, Miss M. D. (HP), Greenwich District Hospital
Kennedy, S. H. (HS), McColl/ENT – Guy's
Kent, A. J. (HP), Greenwich District Hospital
Khwaja, A. (HS), Thoracic/O'Flynn – Guy's
Kilby, M. D. (HS), GU/Ellis – Guy's
Klemperer, Miss F. J. (HP), Geriatrics/Joiner/Hicks – Guy's
Knight, Miss K. E. (HS), Kent & Canterbury Hospital
Laverick, R. P. (HP), Lewisham Hospital
Lesser, G. F. (HP), Scott/Clark – Guy's
Leung, W. C. D. (HP), New Cross Hospital
Lewins, P. G. (HP), Greenwich District Hospital
Lloyd, D. C. F. (HP), Kings Mill Hospital, Mansfield, Notts.
Lloyd, K. R. (HP), Greenwich District Hospital
Lobo, A. J. (HP), Lessof/Staffurth/Keen – Guy's
Loveless, S. R. (HS), Professorial Unit/Orthopaedics – Guy's
McColl, A. J. (HS), Professorial Unit/Orthopaedics – Guy's
Marsden, A. P. (HS), Royal Sussex County Hospital
Matthews, R. S. J. (HP), Joiner/Hicks & Geriatrics – Guy's
Munro, N. A. R. (HP), Scott/Clark – Guy's
Nott-Bower, W. G. (HS), GU/Rendall – Guy's
Orme-Smith, Miss C. A. (HP), Lewisham Hospital
Pasola, M. (HS), Pontefract General Infirmary
Pelendrides, Miss E. (HS), Lewisham Hospital
Pennell, Miss T. M. (HS), Beard/Orthopaedics – Guy's
Pereira, Miss A. K. (HP), New Cross Hospital
Phull, P. S. (HS), Orthopaedics/Professorial Unit – Guy's
Plint, S. J. (HP), Scott/Clark – Guy's
Prince, M. J. (HS), Norfolk & District Hospital
Pullin, Miss J. A. (HP), New Cross Hospital
Purdy, D. R. (HS), Joyce Green Hospital
Ramin, G. A. (HP), St. Helen's Hospital, Hastings
Reilly, Miss M. C. (HS), Macclesfield District Hospital & General Hospital
Reynolds, Miss P. A. (HS), Greenwich District Hospital
Ribbons, R. M. C. (HP), Joyce Green Hospital, Dartford
Roberts, N. B. (HP), Milton Keynes Hospital
Ryley, Miss H. E. (HS), ENT/McColl – Guy's
Rytina, E. R. C. (HS), Orpington Hospital
Sasada, Miss K. (HS), ENT/McColl – Guy's
Scorey, Miss P. D. (HP), Poole General Hospital
Scott-Barrett, Mrs. S. (HP), New Cross Hospital
Scriven, M. W. (HS), Musgrove Park Hospital, Taunton
Seale, Miss F. C. (HS), Ellis/GU – Guy's
Shaheen, S. O. (HS), Greenwich District Hospital
Smith, S. M. (HP), Lewisham Hospital
Southgate, C. J. (HS), Lewisham Hospital
Stebbing, Miss J. E. (HS), Lewisham Hospital
Stirling, Miss C. F. M. (HS), County Hospital, Hereford
Taylor, D. R. (HP), Royal Hampshire County Hospital
Taylor, P. J. R. (HS), Poole General Hospital
Thomas, S. A. (HP), Trounce/Knight – Guy's
Thornicroft, G. J. (HP), Lewisham Hospital Hospital
Thorpe Beeston, J. G. (HS), Maynard/Orthopaedics – Guy's
Thornley, Miss M. C. (HP), Joiner/Hicks – Guy's
Treloar, A. J. (HP), Lewisham Hospital
Twomey, P. J. (HS), Torbay Hospital
Upton P. M. (HS), Lewisham Hospital
Ward, S. C. (HS), Lewisham Hospital
Watson, N. A. (HS), Royal Sussex County Hospital
Weinbren, J. (HP), Hither Green Hospital
Wilcox, Miss K. E. (HP), Mayday Hospital, Croydon
Wilkie, Miss C. E. (HP), Trounce/Knight – Guy's
Wood, P. (HS), Pontefract General Infirmary
Yeates, Miss C. E. (HP), West Norwick Hospital
Zammett, Miss S. (HP), New Cross Hospital
Zilka, T. R. (HS), Beard/Orthopaedics – Guy's

B.D.S. PASS LIST

The following students qualified B.D.S. in June 1984

Ambridge, S. G.
Bookey, A. M.
Bridger, Miss S. F.
Cronshaw, M. A.
Evans, Miss J. A.
Faux, Miss H.
Girach, Miss B.
Hackett, M. G.
Hamilton, J. S. T.
Helgeson, Miss A. M.
Jacques, K. V.
Kakkad, S. T.
Kean, Miss R.
Keska, Miss J. A.
King, C. J. R.
Li, W. K.
McGuckin, D. P.
McLean, I. P. F.
Padhani, Miss F. R.
Patel, Miss K.
Poole, P. N.
Price, Miss N.
Reese, Miss V. J.
Selmon, C. R.
Wakerley, T. A.
Ward, Mrs. M. E.
West, Miss G. A.

DENTAL HOUSE SURGEON APPOINTMENTS

The following recommendations have been made to the Clinical Superintendent for appointment of Dental House Surgeons for the Period 1st August 1984 to 31st January 1985.

General Duties and Mr. Bret Day (Resident)
K. V. Jacques
General Duties and Mr. Gibb (Resident)
Miss C. M. D. Osborne-Smith
General Duties and Mr. O'Driscoll (Resident)
D. G. Parr
General Duties and Mr. Haskell
P. J. Yerbury
General Duties and Periodontology and Preventive Dentistry
Miss J. A. Evans
General Duties and Oral Immunology and Microbiology
C. L. Layne
Orthodontics and Dentistry for Children
D. P. McGuckin, Miss J. Keska
Conservative Dental Surgery
Miss V. J. Reese
Prosthetic Dentistry
J. S. T. Hamilton, C. M. Dickinson
General Duties and Conservative Dental Surgery and Oral Surgery
S. G. Ambridge, A. J. Gibbons, I. P. F. McLean
General Duties and Oral Medicine and Pathology
Miss M. Helgeson

BIRTHS

BRAYSHAW – On December 2nd, 1983, at Wythenshawe Maternity Hospital, Manchester, to Christine (née Smith) and Roger, a daughter, Sarah Louise, sister for James.

ENGAGEMENT

SCOREY, DAVIDSON – The engagement is announced between Miss Phillipa Scorey of Blandford, Dorset to Dr. Colin M. Davidson of Kirkarobryhtshire, Scotland.

DEATHS

DWYER – Patrick John, F.R.C.O.G. Died on 1st April, 1984.

GLAZEBROOK, – On 19th April, 1984 in Jersey. After much suffering. George Edward Glazebrook, L.D.S., R.C.S., aged 81 years. Late Dental Surgeon, Hammersmith and Harley Street.

CHANGE OF ADDRESS

POWNALL R. H., – "Uplands", Rosehill, Marazion, Cornwall, TR17 0HB. Telephone 0736–710314. (As from 9-8-84).

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Guy's Hospital Gazette

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NEWS EDITORS — MARCIA HALL AND THOMAS BRINK
SPORTS CORRESPONDENT — WIKTOR ZBRZEZNIAK
NURSING CORRESPONDENT — SERENA COOPER
PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
MANAGER — PAT DRISCOLL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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AUGUST, 1984 VOLUME 98 Number 2345

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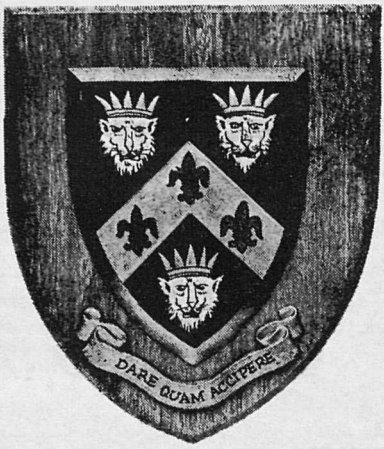
Guy's Hospital Gazette



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Passim

The impending changes in the clinical curriculum of the Dental course are awaited with real enthusiasm by many members of both teaching and technical staff. This was made clear by the announcement in Dental Notes of the May edition of the *Gazette.* Dr. Challacombe (Sub-Dean for Dental Studies) anticipated that a number of changes, already discussed, would be likely to arise as a result of the merger with the Royal Dental Hospital.

The Curriculum Committee is the body responsible for discussing such changes. There are elected student representatives (Dental Society members) who sit on this committee, but the majority of students are either confused by, or even unaware of its machinations. It is hoped that the proposed 'new' curriculum will be introduced with the clinical entry of 1985. Therefore it will not, in its entirety, affect any of the present clinical students. However, there are many who will know about changes in the Prosthetics laboratory system which will be in force this September for the second clinical year students. Some are pleased at the prospect of having the 'lab work' done for them by technical staff whilst also being able to get into the habit of accurately prescribing for the work which needs to be done. Nevertheless, few will know that these innovations form a part of the streamlining which needs to occur before the more radical and larger scale changes can follow.

As was pointed out in the May edition, the present "Block System" will be replaced by the more fashionable "Longitudinal System". From the outset, the clinical course will be organised to enable students to work in three different departments each week. In the first year the greatest amount of work will be done in Conservation. The system will be run on a session basis, ten sessions per week (morning and afternoon) with rotation of eight groups through these sessions. Administration is clearly more complicated, but the advantages are there for the students who should be able to organise themselves to fit into what is potentially a much more flexible system. In the second year the prosthetic technique course makes up the largest part of the workload, but students will be allowed proportionately more time than they have now in Conservation whilst still having one weekly session in other departments such as Oral Surgery and Radiology. In the third year the change is most marked with a preliminary training in Orthodontics and Paedodontics. After this students will have the opportunity to work on a weekly cycle with one day in each of: Conservation, Prosthetics, Periodontology, Ortho and Paedo and Oral Surgery. This cycle is timetabled to continue up to the taking of Parts IV and V.

The above is a sketchy synopsis of what the Curriculum Committee and the Governing Bodies of the Dental School will introduce when the Freshers of this October venture over to the Tower in September 1985. Dr. Challacombe, speaking for the Committee is very pleased that these changes have been approved and believes that the revised timetable will be

a much more exciting one than the present timetable which has been in force for many years.

The Staff are clearly those who are in the best position to see what improvements can be made in a dental education which has been shown to produce very fine practitioners over the years; whilst appreciating that the Staff in the respective departments have to devise the administrative methods which will be used, it seems a shame that the present students, forerunners of the "guinea-pigs" who will be putting the "new" system to the test, are in the main unwittingly (by choice?) kept in the dark and are unable to share in the exciting prospect which lies ahead.

News in Brief

Dr. J. C. Houston

Our readers will be surprised to learn that Dr. Houston retires as Dean of Guy's and U.M.D.S. on 30th September this year. He has been Dean since 1965, when he succeeded Sir Rowan Boland. Professor Clark becomes Dean of the Guy's campus, and Dr. Creamer, Dean of St. Thomas' Hospital, will be overall Dean of the U.M.D.S. A full appreciation of Dr. Houston's great contribution to life at Guy's will follow in a later edition.

New Formulary available to students

The second edition of the Lewisham and North Southwark District Formulary appeared in early August. This edition covers all the drugs available in the Lewisham and North Southwark district except local applications, anaesthetics and cytotoxic agents, together with notes on prescribing.

It will be distributed to all medical staff, wards and outpatient departments. The Formulary will also be available free to all clinical students at Guy's as a result of a donation by the Guy's Drug Research Unit, and is available in the Medical School Office.

Copy for the Freshers' Edition of the *Gazette*

Would contributors to the *Gazette* please note that the copy date for the next edition of the *Gazette* has been brought forward to 5th September, so that for the first time in living memory, the Freshers' Edition of the *Gazette* will appear on time.

Maclean Cup

The Annual Guy's Hospital Golf Club Open Championship for the Maclean Cup will be held at the Addington Golf Club on Wednesday, 14th October 1984.

Entry forms may be obtained from the Secretary, Guy's Hospital Golf Club, Boland House, Guy's Hospital, London SE1 9RT.

BIENNIAL DINNER

The next BIENNIAL DINNER will be held at The Connaught Rooms, Great Queen St., London, WC2 on FRIDAY, 5th OCTOBER, 1984 at 7.00 p.m. for 7.30 p.m. and I hope that it will be possible for you to attend.

Mr. F. R. Kilpatrick has kindly agreed to act as Chairman.

We are sending this circular to qualified Guy's men and women, medical and dental, who have supported the Dinner in recent years. There may be others known to you who have not attended a previous Biennial Dinner, in which case I should be grateful if you would draw their attention to the date of this function.

We regret it is not possible to invite guests who are not qualified Guy's men or women, but the number of Guy's medicals and dentals including present qualified staff who may wish to attend is unlimited.

Every effort will be made to place you as near to your contemporaries as possible, PROVIDED WE RECEIVE APPLICATIONS IN GOOD TIME, and I shall be glad if you will state on the attached form for tickets the names of friends near whom you would like to sit. Please note the closing date is Monday, 10 September.

Yours sincerely

M R L Joyce
Honorary Secretary
Biennial Dinner

PS It is advisable to order wines before going into dinner.
Enquiries 01–403 2535

Please reserve a seat for me at the forthcoming BIENNIAL DINNER. I hope to bring ..... guests (qualified Guy's men and women only), whose names are:–

.....

.....

I enclose cheque for £..... being £20.00 (twenty pounds) for each ticket required made payable to "GUY'S HOSPITAL BIENNIAL DINNER."

Name ..... Medical/Dental

Address .....

Year of Qualification ..... Signed .....

Please return this form in the enclosed envelope, together with cheque, not later than Monday, 10 September, 1984 as we must have adequate time to prepare the seating arrangements and to give the printers the complete list of names of acceptances.

Hume Kendall Trust

The Managing Trustees of the Hume Kendall Educational Trust, have requested, as they do from time to time, that we remind readers of the existence of this Trust, which assists with the education of the sons and daughters of doctors and dentists – including their training for a professional or business career. The Trustees seek to help cases of great financial difficulty due to some family tragedy. The trust fund is a small one, but it has been and still is of great value and is not short of needy applicants.

The educational trust is complemented by a smaller trust, which assists Guy's men who are obliged through ill-health to retire before the normal retirement age and the dependents of Guy's men who die before retirement age. In addition the Trustees invite Guy's men who are not at present doing so to support the Trust by covenanted gifts for four years or any longer period.

The Secretary of the Trust is Mr. Bompas, the Secretary of the United Medical and Dental Schools, and letters to Guy's will reach him.

Guy's Hospital Physiotherapy Association

Mandy Chown, Secretary of the G.H.P.A., would like to remind all members about the evening meeting to be held between 6.00–8.30 p.m. on Thursday, 18th October, 1984 in Shepherd's House.

Those wishing to attend should send a s.a.e. and cheque for £2.00 (made payable to the G.H.P.A.), to Miss J. A. Jones, Honorary Treasurer, G.H.P.A., c/o School of Physiotherapy, Shepherd's House, Guy's Hospital, London, SE1 9RT.

Guy's Hospital Santa Cruz Expedition 1984

The four members of this summer's Santa Cruz Mountaineering Expedition have returned safely from Peru. Pending a report in the next issue of the *Gazette,* Ben Wyatt writes:

After arriving in Lima the expedition was very nearly stopped there by the combined efforts of Peruvian bureaucracy and guerrilla warfare, but we eventually reached the beautiful mountain region of the Cordillera Blanca. We then walked over one of the highest passes in Peru to Base Camp to begin the Expedition proper. Our subsequent five-day attempt on the main climbing objective (Santa Cruz 20,539 feet) was abandoned at just over 18,000 feet because the route was thought to be too dangerous to continue. However, Tom and Hamish had previously reached the summit of Kitaraju (just under 20,000 feet) as a not uneventful acclimatisation climb. The medical research conducted during the expedition is now being completed. The team (Hamish Gillespie, Stephen Gould, Tom Humphries and Ben Wyatt) would like to thank everyone at Guy's and everyone else for all their help in making the expedition possible.

Flying Start to the '84 Grouse Season

Four Highland hotels – The Ladbroke Freedom Inn, Aviemore; The Post House; The Thistle Strasphey and The Stakis Coylum Bridge Hotel – raced to London this week with the Capital's first Scottish grouse. The birds were subsequently auctioned in aid of the Highland Scanner Appeal and the Guy's Hospital Scanner Appeal.

First in the race was Muir Wilson (right) from The Thistle Strasphey closely followed by Peter Cocks, (left) of the Ladbroke Freedom Inn.

Front Cover

This month's front cover shows a statue in a Berkshire garden with *Hostia sieboldiana* around its base, and the smoke tree, *Cotinus coggygria*, behind it. (see article on page 285).

The *Gazette* Medical Briefing – £1 million to be won.

In common with our colleagues in Fleet Street, we are taking steps to help maintain our position as Guy's leading monthly publication. In due course you will receive your *Gazette* Medical Briefing Card, with its own unique set of diseases. Simply match these up with those printed below to win one million pounds.

Any prizewinner may also opt for a half share in Hunt's House if they prefer.

Your diseases for this month are:

Elephantiasis	**Gout**	**Halitosis**
Exfoliative Dermatitis		**Athlete's Foot**

Scientology

Due to an unfortunate editorial error, an unsolicited article by a Scientologist was published in a 1969 edition of the *Gazette,* praising L. Ron Hubbard, the group's founder.

Despite our continued demands that it desist, this infamous sect continues to use this article in its promotional material for a book called "Dianetics".

The original author of the article was never at Guy's and certainly not associated with the *Gazette.*

We are happy to make it clear that in no way does the *Gazette* approve of this organisation, and we apologise for the annoyance caused to Guy's people who have received their literature.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are September 5th and October 17th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

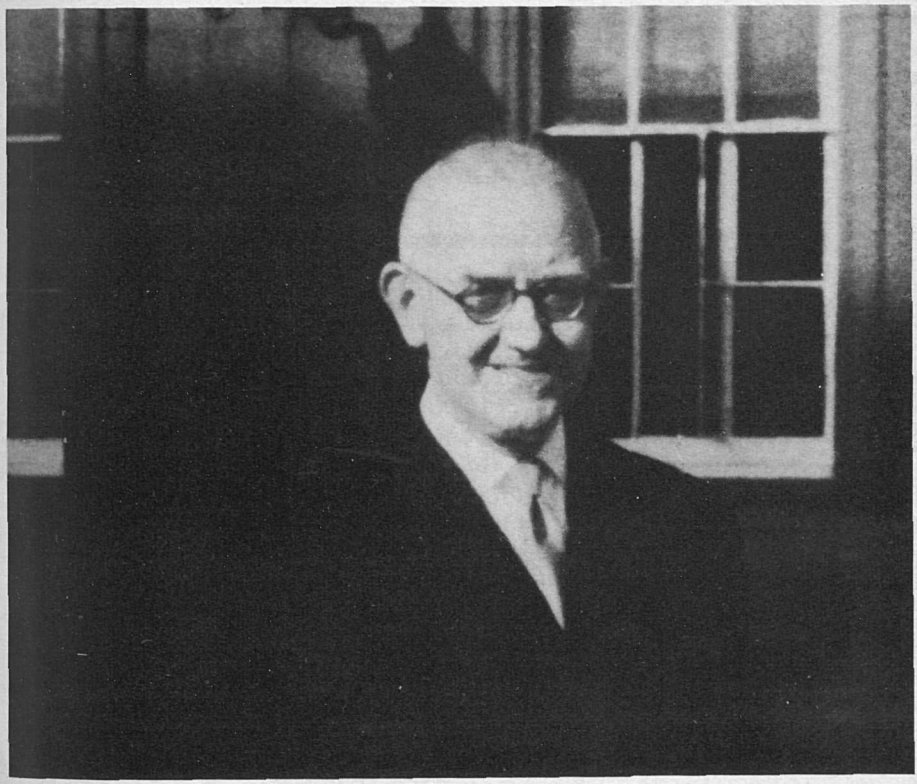
When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Obituary

Mr. W. F. Cook, O.B.E.

An important link with the past was severed on 15th July, 1984, with the death of Mr. W. F. Cook, former Secretary of the Medical School. He first came to Guy's in 1918 as a clerk in the Superintendent's Office when that legendary figure Sir Cooper Perry was still Superintendent. On the appointment of Professor T. B. Johnston as Dean of the Medical School in 1920, Mr. Cook transferred to the Medical School office and he often spoke afterwards of the debt he owed to T. B. J. for teaching him "all he knew about administration". He prepared himself for high office by taking the Fellowship of the Chartered Company of Secretaries, and during TBJ's Deanship, he became in effect the School's Finance Officer. On the outbreak of War in 1939 he became responsible, with Mr. J. Goodliffe, for establishing the temporary preclinical Medical and Dental School at Tunbridge Wells and Pembury. He remained in Tunbridge Wells for the duration of the War and staff and students of that time will recall with gratitude his success in securing and maintaining for them, during a very difficult period, satisfactory quarters and conditions for their work.



In 1950, he was appointed Secretary of the Medical School in succession to Mr. J. H. Winston, who had been in failing health for some time, and he very quickly re-established for the School a highly efficient, yet economical administration. This was a time of great expansion in Medical and Dental School activity and of increasing administrative complexity in both University and NHS matters and Mr. Cook rose to the challenge magnificently. Few realise the extent of our indebtedness to him. Modest to a fault, he shunned the limelight and was content to let others take credit which should properly have been his. Those privileged to work closely with him, however, were able to appreciate a rare combination of high ability and sterling character. It goes without saying that he managed the finances of the School with great skill, but in all aspects of the School's work his depth of knowledge and grasp of detail were remarkable and his judgement admirable. In all his dealings with people he went to great lengths to be fair and considerate and these qualities together with his innate kindliness and modesty made him universally loved and revered by his staff. He retired in 1969, but for some years afterwards worked unobtrusively for the School in a part-time capacity (part-time in this context being a 50-hour week). Public recognition of his outstanding service with the award of the O.B.E. in 1969 gave great satisfaction throughout the whole Guy's community. His last years were saddened by the death of his wife in 1981, but he took great pleasure in being near his son Geoff (Dr. G. W. Cook, Guy's 1958–1962). We salute the passing of a great Guy's man.

J. C. H.

Clubs' Union News

Very shortly a new batch of 120 students will be starting clinical studies and "walking the wards". This is, of course, what makes the two years of pre-clinical slog worthwhile, when you start to look after patients and slowly acquire the mystical skills which have been passed down from generation to generation. Most people find these years extremely enjoyable with no exams in the first two years and the opportunity to learn on your feet through exposure to countless patients in a relaxed atmosphere. However, one always has in the back of one's mind the thought of the impending "sign-up". There is no doubt that the present system where House jobs are acquired by nepotism and ingratiating oneself with consultants is very undesirable. However, some form of incentive to keep up consistent work is certainly necessary for many students. The present sign-up system is far from ideal. Many grievances come from the unaccountability of the registrars and consultants who assess the students.

When nurses get assessed, they discuss their grade with their tutor and can voice any dissatisfaction as well as learn their shortcomings so they may improve on the next ward. No such system exists for medical students. A student might work very hard on a firm, yet on receiving a poor sign-up, have no come-back on, or knowledge of his deficiences. Registrars in particular should take more interest in the progress and capabilites of each student in this most important part of their training as part of their duty concommitant with a teaching hospital post. Instead tension, unnecessary rivalry and "crawling" exist rampant among students as they try to outwit each other to impress. Also when it comes to the end of the three years, one is never told one's exact year placing and House job appointments often seem as bizarre and random as if sign-ups never existed.

Perhaps alongside a change in the traditional, destructive, over-competitive atmosphere, another unsavoury Guy's tradition should go. Is it about time that this hospital, which rightly has stated to have no racial bias, dropped the term "Gauleiter" to name the firm organiser. The thought of the officers which this word conjures up is distasteful to a large number of people and should have no place at Guy's.

I think it appropriate that the Clubs' Union should liaise with SMEC to ensure that these ideas form the basis of some future changes.

J. R. Edwards

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

London to Brighton Wheelchair Trek

On 19th July, Jaspal Dhani, a 15 year old boy with paraplegia, presented a cheque for over £1,000 to Dr. Michael Joseph, Chairman of the Guy's Evelina Children's Hospital Appeal, as a result of his 60 mile sponsored wheelchair trek from London to Brighton. He was accompanied by a party of four including Owen McGhee, his physiotherapist. Jaspal is a pupil at Elizabeth Fry School.

At the gathering (attended by Miss Innocenti and Miss Weller from the Physiotherapy Department, Dr. Michael Joseph, Mrs. Gill Harvey, Mrs. Pat Saunderson and Peter Joseph), Jaspal said he wanted to give the money to help babies in the intensive care unit. On accepting the cheque, Dr. Joseph replied that Jaspal had courageously completed an arduous task and he expressed his gratitude for the valuable help for the fund. After refreshments, the party visited the intensive care unit in Arthur Farre Ward and Jaspal was very interested to see at first hand some of the tiny patients.

Jaspal Dhani presents a cheque to Dr. Joseph on behalf of the Evelina Children's Hospital Appeal

Progress Report

A gentleman from a home county recently called out of the blue at the Appeal Office and presented us with some pound notes.

How he acquired this money is of some interest. He and his wife when going for a walk noticed some paper fluttering towards them. On closer observation they recognised the paper as pound notes. They intercepted their flight and took them to the local police station; the officer on duty said if they returned in a week's time and the money had not been claimed, it was theirs. Thanks to the couple, it now safely resides in the Evelina Fund.

The lesson, dear readers, is that we should all keep our eyes open not only for pennies from heaven, but also for pound notes – especially when the wind is blowing towards you.

Guy's Hospital Parachute Club

by Geoff Tothill

Guy's Hospital Parachute Club was formed by an intrepid (some would say foolhardy) band of Medics, Dentists and Nurses at the end of last year, when they realised that they all had the overwhelming desire to relax by jumping out of light aircraft at about 2000 ft above Kent.

Since the club was founded (and taken under the wing of its President, the inimitable Tony Tammar of the school's Biochemistry Department), a steady stream of members has been going down to Headcorn Airfield in Kent where, after a day's intensive training, they have jumped for the first time on a static line that opens their canopy as they fall away from the twin-engined Islander into the blue beyond.

So far we have a 100% safety record with the only upsets being the precipitation of Mark Penwill (3rd year medic) into the river – (a 6ft diameter river from 2200ft – fairly good!) and Alex Howard (2nd year medic) landing stylishly in a field of bulls (and leaving it a lot less stylishly-and a lot faster!).

Headcorn Airfield in Kent (which the club has adopted as its centre) boasts two light aircraft: a twin-engined "Islander" that takes seven jumpers, and a smaller "Cherokee 6" that takes the more experienced to greater altitudes for free fall and relative work.

Headcorn also have several resident display teams including the Guards Free Fall Team and so there is a huge reservoir of experience to tap (mostly in the bar after a day's jumping and packing canopies!).

I am pleased to say that out of the people that have trained to date, all are still in the sport and are well on the way to being "off the strap" (static line) and going free-fall.

Several weeks ago two student nurses, Sheena Pollock and Diana Gore, joined the club and suggested that they would like to use their first jump as a chance to raise some money for the Guy's Evelina Children's Hospital Appeal, and organised a sponsored parachute jump on its behalf. As readers will recall, the aim of this Appeal is to re-open 20 children's beds, including 4 intensive care cots, and so restore the pre-September facilities.

The idea caught on quickly and I am pleased to announce that a group of twelve students from Guy's have been collecting sponsorships and will be taking the plunge on Wednesday, 29th August, 1984 at Headcorn.

If you would like to send a donation to the Evelina Appeal Fund on behalf of the students involved in the parachute jump on 29th August, please forward it to me, Geoff Tothill, address below. Cheque payable to "Guy's Evelina Children's Hospital Fund – Special Trustees." If you would like to join one of our training sessions at the airfield please write to me:–

G. Tothill
Guy's Parachute Club
c/o Boland House
Guy's Hospital
London Bridge
London SE1 9RT

(or see us on our stand at the Freshers' Fair).

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

We offer our congratulations to Dr. F. P. Ashley who has had the title of Professor of Periodontology and Preventive Dentistry conferred on him by the University of London.

We would like to offer our congratulations to Dr. J. M. A. Wilton on his appointment as Deputy Director and Head of Laboratory of the Medical Research Council Dental Research Unit at the London Hospital. He leaves Guy's after some 16 years on the staff and will be missed by his many colleagues in the Dental School, as well as those in the departments of Microbiology, Medicine and Rheumatology with whom he has worked.

The next Annual Dental Ball will be held on Saturday, 3rd February 1985 at the Royal Lancaster Hotel in London. Please make a note of this date. Further details will be published in due course.

The Annual Dental Dinner will be held after Clinical Day on Saturday, 3rd March 1985. This will take place in the dining room of Boland House. Further details will be published in the *Gazette* shortly.

Congratulations to Ray Sharp for winning the Guy's Squash Knockout Championship. Since the building of the staff squash courts, participation in this sport is very widespread on the Guy's campus and of a high standard.

"A garden is a lovesome thing. God wot rot?"

by our Gardening Correspondent.

The young view gardening as a pursuit fit only for those who are *"old and gray and full of sleep"* or, possibly, for the middle-aged. It is, indeed, immensely tedious when an ancient relative takes you on a guided tour, pointing out with pride (and at great length) the absence of mildew, the progress of an exotic clematis up the side of the garden shed, how well the cotton lavender cuttings are coming on, and so on.

But those of us who spend much of our time incarcerated in the grime of S.E.1. know only too well the pleasure associated with being in a garden. One does not have to sculpt like Michelangelo to appreciate the Florentine Pieta, nor play the violin like Itzak Perlman to be overwhelmed by a Paganini caprice: similarly, it is possible to enjoy a garden to the full without being another Capability Brown or Victoria Sackville-West. In a truly lovely garden, everything seems *"to furnish all the pleasures of the several senses, with . . . the most natural perfection."*

Man relies on his sight to such an extent that every other sense seems to pale into insignificance, and it is only if we are suddenly deprived of the benefits of our nose or ears that we realise just how much they contribute to our perception of beauty. Gilbert White wrote in his "Natural History of Selborne":

"Frequent returns of deafness incommode me sadly and half disqualify me for a naturalist; for, when these fits are upon me, I lose all the pleasing notices and little imitations arising from rural sounds: and May is to me . . . silent and mute . . . and wisdom at one entrance quite shut out."

Not only 'rural sounds' but the names that have been given to flowers are often beautiful and evocative. These can inspire a poem which really amounts to no more than a list, and the famous example is from Perdita's speech to Camillo in "The Winter's Tale": *"daffodils,*

That come before the swallow dares, and take
The winds of March with beauty; violets dim,
But sweeter than the lids of Juno's eyes,
Or Cytherea's breath; pale primroses,
That die unmarried, ere they can behold
Bright Phoebus in his strength, . . . bold oxlips, and
The crown-imperial; lilies of all kinds,
The flower-de-luce being one!"

The Madonna lily (Lillium candidum)
"All the Wars of the World, all the Caesars have not the staying power of a Lily in a cottage border."
(God only knows how the Angel Gabriel managed to find a Madonna Lily in March!)

Our sense of touch, we rarely bother to use in a garden, for sight is enough. Indeed, we are often frightened of touching the fragile petals, lest our fingers spoil them. Ben Johnson asked *"Have you seen but a white lily grow before rude hands had touch'd it?"* But Helen Keller, both blind and deaf, used this sense all the time. *"I felt the bursting cotton-balls and fingered their soft fibre and fuzzy seeds. I felt the low soughing of the wind through the corn stalks, the silky rustling of the long eaves."*

The intoxicating air of a garden in early June is charged with a *mêlée* of different scents. Yet each individual flower seems to beckon one to smell it; and the more beautiful it is, the more compelling.

So it is always disappointing that the exquisite camelia hardly smells at all. Many flowers exude a lovely and characteristic odour: *"The velvety syringa with smooth leaves", "the fragrant honeysuckle",* and, of course, the rose, often thought of as the epitome of all scented flowers. However perfect a rose may look, or smell, every gardener will have had cause to curse their thorns *"that wound and tear".* William Blake, in his poem 'My Pretty Rose Tree" from the songs of experience cleverly uses the metaphor of the rose thorn:

"A flower was offered to me:
Such a flower as May never bore,
But I said I've a pretty Rose-tree,
And I passed the sweet flower o'er.

Then I went to my pretty Rose-tree:
To tend her by day and by night,
But my Rose turned away with jealousy,
And her thorns were my only delight."

Perhaps the most wonderful of all the flowers is the Lily. We know that *"even Solomon in all his glory was not arrayed like one of these".* And it is the beauty of the lily that is most often compared to the beauty of a woman.

"The fragrant lily of the Vale
So elegantly fair,
Whose sweets perfume the fanning gale
to Chloë I compare."

John Clare's beloved who was *"as sweet as a bean field in blossom"* was made not quite as lucky as Henry Constable's lady.

"My Lady's presence makes the roses red
because to see her lips they blush for shame.
The Lily's leaves, for envy, pale become
and her white hands in them this envy breed."

It was this comparison between women and flowers that probably led to the Victorian fashion of girls' names such as Myrtle, Poppy, Veronica and Lily, although their popularity has failed to survive the harsh twentieth-century style. Plants do not always bear names that conjure up their heavenly beauty, such as *Rosa Alba Cellestial,* or the syringa *Belle Etoile;* nor are they invariably named after their country like the *Japonica.*

The Water-lily (Nympha)
"Have you seen but a white Lily grow before rude hands had touched it?"

Often they are called after people. One of the pale pink climbing roses is called *Felicity and Perpetua,* not after the early Christian saints, but after the two daughters of 'Monsieur' (the brother of Louis XIV).

Beauty in a garden is of a transient nature. Everything living must die. It is, perhaps, because of this that we appreciate a marvellous garden all the more. As Edmund Waller wrote:

"How small a part of time they share
That are so wondrous sweet and fair."

And Robert Herrick impresses us with time's relentlessness in his poem:

"Gather ye Rose-buds while ye may,
Old time is still a-flying.
And this same flower that smiles today
Tomorrow will be dying."

"Is there then nothing that can bring back the hour of glory in the grass, of splendour in the flowers?" Hazlett answers *"Oh yes. I unlock the casket of memory."* Shakespeare claims that the poet's written word will prolong life:

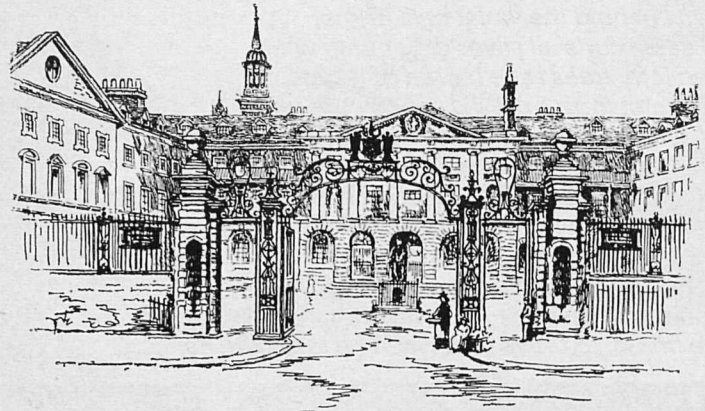
"So long as man can breath, or eyes can see,
So long lives this, and this gives life to thee."

But these two remedies make a poor defence *" 'gainst time's scythe"*. In his twelfth sonnet, Shakespeare states that the only way to perpetuate beauty is to bear children:

"When I do count the clock that tells the time,
And see the brave day sunk in hideous might;
When I behold the violet past prime,
And sable curls all silver'd o'er with white:
When lofty trees I see barren of leaves,
Which erst from heat did canopy the herd,
And summer's green all girded up in sheaves,
Borne on the bier with white and bristly beard:
Then of thy beauty do I question make,
That those amongst the wastes of time must go,
Since sweets and beauties do themselves forsake,
And die as fast as they see others grow;
And nothing 'gainst time's scythe can make defence
Save breed, to brave him when he takes the hence."

The evening primrose (Cenothera Missouriensis)
The dwarf yellow flower, originally from Florida, lasts only for an evening before it dies.

Guy's Notelets



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The Mole Report

The spectacular success of that arch gossip-monger Eugene Bore has stimulated Mole to emerge from the underground passages in order to sample the air in the Park and to sniff out shock horror rumours at the old Alma Mater. The first sight to reach his saddened eye is the half-empty shell of that friendly but austere building Hunts House, once known as the Medical Block. Would Thomas Addison wish to be remembered for medical records? Would the building be big enough to house administrative staff rather than patients, and would they need the empty beds as well? And what about that red brick building, Nuffield House, to which patients come from all over the world because of Guy's international reputation; neither the reputation nor the building look as if they are going to last very long. Perhaps it could house the Forward Planners? They might have thought of making it more cosy and comfortable some ten years or so ago, at least up to the standard of Ratty's new home on the river bank.

Wasn't it a bit late for the recent panic reaction (abortive, he hears) in response to the sudden realisation that the hospital will lose an income of about a million pounds a year? Are we returning to the era of Flag Days and Charity Drives as the only way in which to keep wards functioning for the benefit of patients as they are meant to? Mole hears that this is not rumour but fact so far as the Childrens' Wards are concerned; but is it true that general practitioners are to be asked not to send their patients to Guy's and will the new generation of house officers receive special courses of instruction on how to get rid of sick patients in the Casualty Department speedily by sending them elsewhere and without spending hours on the telephone? Is it true that Merit Awards in the future will be granted to those consultants who have conscientiously cut down on their clinical work for the NHS and thus provided praiseworthy reduction in the work done at the hospital? Was it really the case that the surgeons were severely criticised for increasing their turnover of patients in response to the bed cuts? Surely it can't be true that as a punishment for this wicked action no operating theatre is going to be available during the day for emergencies and that other operating sessions will have to be interrupted? And what about the unseasonal big freeze on jobs – none to be replaced if anyone leaves – but perhaps, he reflects, no-one will want to come anyway.

As he blinks in the bright summer sunshine, Mole doesn't like what he sees, and he hears of things happening at the great hospital which he would have never believed possible. Darkness and gloom overwhelm him as he burrows down to join his colleagues; but he will emerge again asking more questions.

Mole in the Park

Some Forensic Aspects of the Examination of a Participant in a Simple Assault

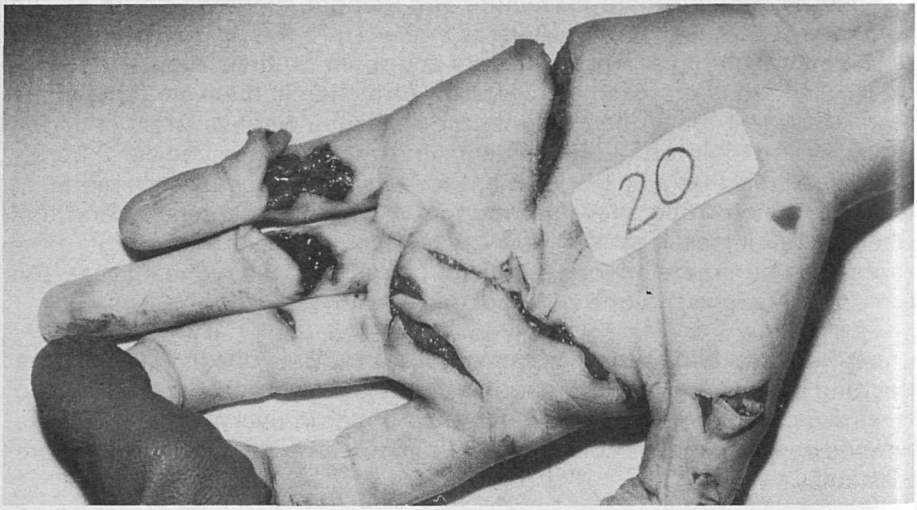
by Stephen Cordner

Introduction

Medical evidence is a *sine qua non* of most charges of assault, since bodily injury must usually be proven. House officers and general practitioners are next to police surgeons as those most commonly involved in providing medical evidence in cases of assault where the injuries have not been severe. A doctor confronted with such a patient has his medico-legal responsibilities highlighted when requested by the police to provide a statement. The statement should set out the history, physical examination and management and, if possible, conclusions as to the cause of the injuries. A summons to court may or may not follow. The details of the physical examination will usually contain those injuries of medical significance. However, the injuries of forensic significance are often of medical insignificance and go unnoticed unless looked for. Conclusions based on anything less than a complete catalogue of the injuries can be dangerously misleading. Before looking at the most common problems confronting the practitioner, it is necessary to review some basic theoretical material.

The Classification and Description of Injuries

Too often, reports of injuries include vague terms, such as 'cut' or 'wound', or terms such as 'laceration', which have a precise definition, are wrongly used. The correct description of injuries is vital in a medico-legal



An example of incised wounds to the hand in the case of a fatal assault with a knife. These are typical of defence injuries, and should be sought in all assault cases.

context, since the terms used carry strong implications as to how the injuries were caused. Table 1 summarises the terms used in the description of injuries to the skin.

TABLE 1

Classification of Injuries Commonly Seen in Simple Assaults

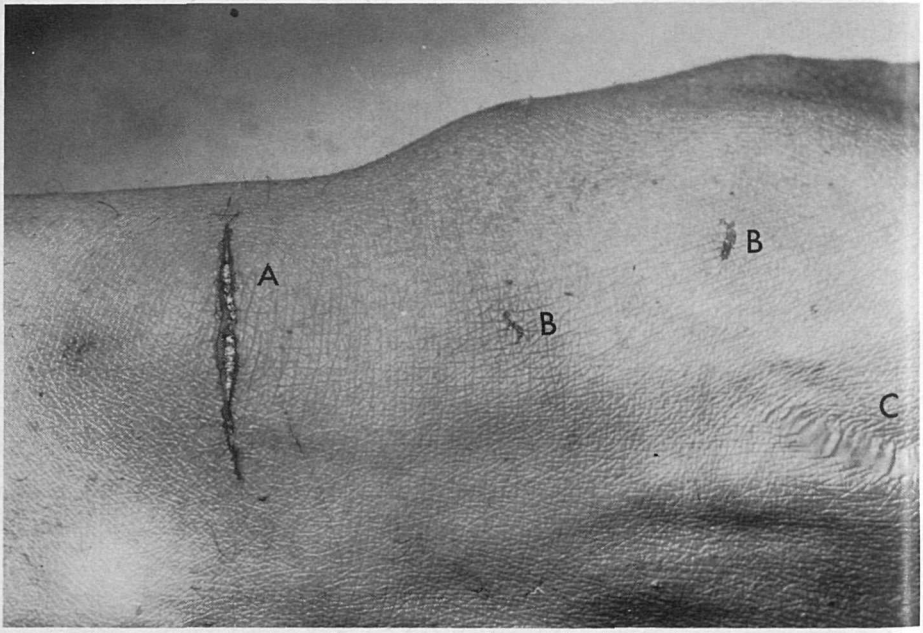
Injury	*Definition*	*Special Note*
ABRASION	A superficial injury involving the epidermis and possibly the dermis	Subclassified as:– i) Scratch abrasion (e.g. fingernail) ii) Graze abrasion (e.g. gravel "rash") iii) Friction abrasion (e.g. rope "burn") iv) Impact abrasion (e.g. imprint of ring in fist blow)
BRUISE	Disruption of capillaries and venules by a blunt impact with escape of blood into the tissues	a) May take hours/days to appear b) May appear in area away from that injured c) Absence does not equal no injury
LACERATION A tear or split caused by a blunt impact a) Especially where skin closely applied to bone (e.g. boxer's "cut" eye) b) Can be difficult to differentiate from incised wound. Note ragged edges, bridging strands of tissue, surrounding abrasion and bruising, undermining of one or more edges c) Assessment of undermining gives clue to direction of impact		
INCISED WOUND	A wound longer than it is deep caused by a sharp edged implement	a) Do not call incised (or stab) wounds "knife" wounds, they can be caused by glass, scissors, wire, etcetera
STAB WOUND	A wound deeper than it is long caused by a pointed, and often sharp edged implement	

Having decided what type of injury is present, it then becomes necessary to describe its various aspects. This is much the same as for pathology anywhere in the body and is of particular importance in forensic practice. Each injury should be separately described unless a number of injuries can be conveniently grouped together, usually as similar injuries in one area of the body. (See Table 2).

TABLE 2

Injury Characteristics and Their Importance

Characteristic	*Possible Importance*
Site	Assessment of accused's and witnesses' statements Characteristic offensive, defensive areas
Size	Degree of force Weapon used
Shape	Weapon used
Surrounds	Weapon used
Colour	Assist with ageing of bruise
Contents	Weapon used (e.g. glass in incised wound)
Direction on Skin	Direction of force
Depth	Weapon used
Angle of Penetration	Assist with accident, suicide, assault
Number	Assessment of accused and witness statements
Healing	Assist with ageing of injuries



This photograph demonstrates the importance of examining the hands. Demonstrated are: A, *a rather irregular, incised wound caused by a serrated knife;* B, *small lacerations with surrounding bruising, typical of the infliction of blows to the mouth; and* C, *a curvi-linear scar, which in this case was associated with intravenous drug abuse.*

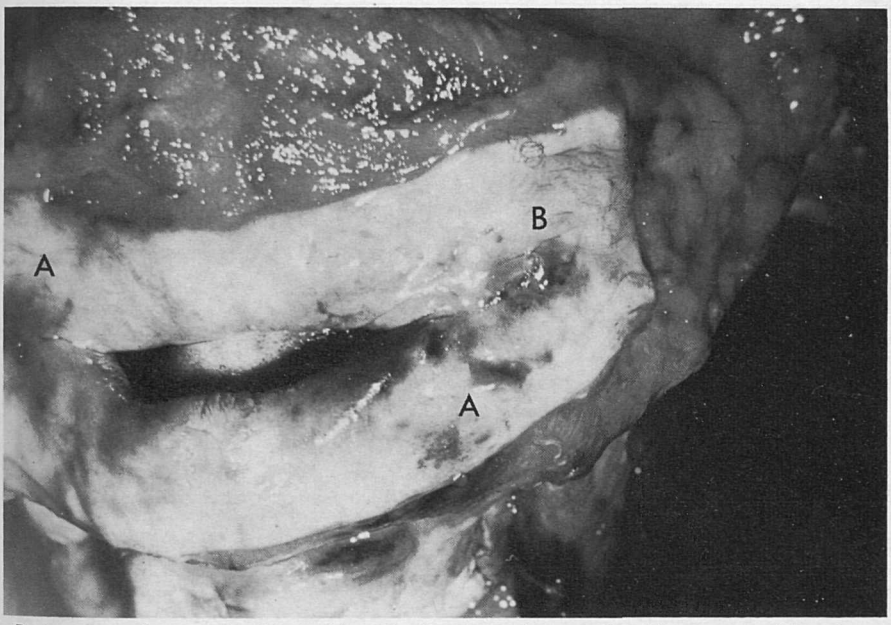
The General Approach in the Surgery or Casualty Department

As detailed a history as possible of events leading to the injuries should be taken. It should be remembered that as in cases of child abuse, histories given in cases of assault are often misleading. This includes information given by the police which, by virtue of the short time between the incident and the examination, is often rudimentary and incomplete.

Specific information should be sought that may not be volunteered. Patients with multiple injuries – even superficial soft tissue ones – will often omit smaller areas of injury, less significant in the patient's mind and medically, but possibly holding the key to the forensic issues in the case. Such patients need to be closely questioned. Having noted the history, the examination and subsequent conclusions drawn should be as objective as possible.

In the physical examination, simple measures are often omitted. The hands should always be examined. In the absence of any other explanation, bruises over the knuckles or backs of the hands are characteristic of fist blows. If associated with shallow 0.2 – 0.4cm lacerations, contact with the teeth should be considered. Bruises on the back of the hands may also be the result of warding off blows, in which case, injuries may also be present on the arms and forearms.

The results of the examination of the hands should always be included in any statement, since negative findings are of equal importance to positive ones.



Post mortem photograph of the inside of the lips. Several areas of bruising are seen (A), *as is a further area with a small associated laceration* (B). *This pattern is typical of an assault, and demonstrates the importance of looking inside the mouth routinely in such cases.*

Bruises around the face and mouth may be the result of fist blows, with 0.2 – 0.4cm lacerations on or inside the lips often being caused by the teeth. Abrasions associated with any facial bruise suggest a rougher impact than a simple blow with a fist. Possibilities include a fall onto a rough surface, but a gloved fist or ringed fingers should also be considered.

Bruises often take hours to appear and then even longer to reach their full size. This should be remembered if the examination is taking place very shortly after an alleged assault. Re-examination 24 hours later should be arranged, if at all possible. At the least, tender and possibly swollen areas should be actively sought by running the hands over the body. Injuries to the scalp are often missed, as are those to the legs and back, unless this is done. The results of such an examination should always be included, even if negative.

Stab wounds are more often a forensic problem than incised wounds. The commonest defence to a charge concerning a stab wound is that it happened accidentally. This defence is often raised when there is only one stab wound, the suggestion being that during a confrontation, the victim fell onto the knife. Occasionally it will be alleged that the victim fell onto the knife he himself was carrying. Therefore, when confronted with a patient suffering from a single stab (or incised wound), it is mandatory to look for other signs of an assault, such as the types of bruises mentioned above.

Three abrasions over the back of the upper arm caused by fingernails in the act of gripping. Such injuries could be easily missed unless specifically enquired about and looked for.

abrasions or lacerations. Incised wounds on the hands or forearms, so-called defence wounds, which are the result of the victim grabbing or fending off the knife, are characteristic of an assault with a knife. Cases of a single stab or incised wound are never as straightforward in court as they seem in the casualty department.

Concluding Comments

The exigencies of undergraduate medical education are such that forensic medicine is accorded a low priority. There is little doubt that this low priority is out of step with the expertise in forensic matters accorded by the police and courts to practitioners once they have graduated. Indeed many doctors are often unaware that they may, amongst other things, be confronted with a forensic problem when they are asked to manage a patient with injuries. It is only right that a doctor's first concern should be the medical management of such a patient, but this concern is short sighted if it is allowed to obscure his medico-legal responsibilities. If needed, advice from a department of forensic medicine can always be sought. In any event, a full, detailed and clear account of the history and examination will create the best chance of a proper assessment of the injuries being made. A full and clear account is only given when relevant negative findings are also included.

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Contemporary History in the Making: Æsop Æsthete takes to the wards

Troubled by thoughts of a distressed chronicler many years hence attempting to reconstruct the cheery day-to-day life of the 1980s medical student, your humble correspondent has risen to the challenge to produce a definitive account of what really happens during those five years. Even *Horizon* programmes about pioneering surgical professors can barely aspire to go beneath the surface, to expose for the first time the awful truth which thousands of qualified medical students (a.k.a. doctors, quacks, etc.) swear to take to the grave. This report has not flinched to grasp firmly where no pen has set foot previously.

The first two years can be dealt with quickly. A lecture course is optimistically provided, intended tenuously to link parties, revues, orgies, nurses, radios, physios, holidays, etc. In other words, the jet-set, go-ahead life-style of the modern lascivious male medic. Difficult to believe when one sees the library packed with students actually studying, but a myth that must not be destroyed, in order to bolster the badly battered egos of the students. Providing one does not peak too early, exams may be treated as an occasional interruption, and dealt with appropriately.

After this period of experimentation, some students choose to relax, and combine trivial academic pursuit with a proper holiday job. They study for a BSc. Whilst not actually pushing back any major scientific frontiers, it does defer having to earn a living by yet another year.

After the preparatory two or three years, one is ready to meet patients, armed with such gems as the machinery of nicotine adenosine dinucleotide reduction, and the effect of Ibsen as applied to a Socialist Concept of the D.H.S.S. This is when the poor male medic discovers that he has been misled by Mills and Boon "Doctor-Nurse" Romances. He is universally loathed. Not for him the adoring stare of starched-aproned angels of mercy. Rather, the impression that he is a constant source of irritation to everybody with a legitimate right to be there. This *impasse* is somewhat relieved at Guy's. There are so few patients in the hospital, that it is only rarely that a student has to go on the wards at all.

There exists an institution known as "Take". Rather than "taking", one "gives" selflessly of one's leisure time (*Dare Quam Accipere*) – or perhaps one would, if Guy's had beds available to allow sick people to be admitted. As they don't, the time may be filled with coffee, beer, television, or the female medics can go cheerily about in their unique, domesticated way, cooking meals for the real doctors who also have nothing better to do.

This, in essence, is the life of a medical student. Perhaps a little condensed, but filled with Æsop's accustomed *largesse* of spirit.

Æ. Æ.

Windowbox to the soul

by Christopher O'Brien

On return from recent holiday travels, I noticed a number of my colleagues, fresh from beautiful parts of the Mediterranean, experiencing some difficulty readjusting to the barren views from council flat windows. May I suggest that they take a leaf out of my book and join the windowbox set. From a few modest tubs and boxes, it's easy to produce a kaleidoscope of colour, as well as perfumes evocative of the Garden of Eden.

All sorts of plants can be grown; I have violas, dwarf French marigolds, petunias, lobelia, geraniums, a small hydrangia and a clematis, all creating a riot of tints. Tucked surreptitiously away between these generous blooms lurk albretia, saxephrages, wallflowers, and polyanthus; there, too, are various bulbs which will hopefully give me a good show early next spring.

Limited space means that I cannot give a full course of instruction, so let me recommend the above flowers as they are all easy to grow, and advise you to consult any gardening text for details. I am, however, prepared to give you a few hot tips.

Fluid balance, as with all living organisms, is absolutely vital and requires meticulous and devoted attention. It's probably where most people go wrong. Oft have I set out in the morning to be greeted by a sight that would make any gardener's toes curl – a quick glance reveals my beauties exsanguinating in the unrelenting 8.50 a.m. Southwark sun. The only remedy is to cast aside all other commitments – i.e. forgo the first ten minutes of the imminent ward round – and give them all a generous slurp of Adam's Ale. Electrolytes can be managed at comparative leisure – a pinch of "Phosphogen" or other fertilizer with water when the fancy takes you will be all that's required. Don't overdo it, though; the secret is "little and often".

The dense and lush herbiage that will burgeon forth after your initial efforts will be irresistible prey to all manner of opportunists. Most insecticides will deal with greenfly, whitefly etc., but a blunderbuss broad spectrum, e.g. "Murphy's Tumblebug" will be required for more resistant strains, such as caterpillars who show an irritating preponderance in this area. I will warn you, however, that this stuff is extremely toxic to certain plant tissues, especially the blooms which it destroys with heart-breaking efficiency. Caterpillars left to their own malignant devices will ravage everything in sight, so it is worth using something on balance. I have also suffered badly with cats; after careful study, out of all the hectares of arable land in the area, they found my meagre square metre was the choicest soil in which to dump their load. A handy half-brick lobbed in the felines' general direction affords temporary relief, but a more practical solution is to nip down to your local garden centre and buy some repellent.

I hope I have inspired interest in this modest field of horticulture – perhaps enough to persuade some to have a dabble. The Lord helps those who help themselves, so let me not hear moans and groans about Bermondsey's scenic deficiencies, but rather the tinkling of trowels at work in John Innes compost.

The Bore Report

Continuing by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Readers of this column (if there are any) will no doubt be relieved to know that it is not able to appear in its usual format (the word "style" would, perhaps, be misleading) for this edition – due to unavoidable circumstances beyond our control (N.B. Perhaps "flagrant censorship" would sound better?). The reasons behind this are much too complex and tedious to go into here, but since this never discourages my good friend Eugene, I shall endeavour to describe them.

It all started two weeks ago – on the copy date – when I was wandering innocently through the Colonnade. From a distance I heard the vague mumbling of some doggerel:

'Near London Bridge did Thomas Guy
A stately hospital decree
Where River Thames ran slowly by
Past docklands endless to the eye
Down to a sewage sea'

I had heard that voice somewhere before, but before the neurones could spring into action and associate it with hours of paralytic boredom, it was already too late. My escape was cut off as the end of the Colonnade was blotted out with shadow, and then with the imposing bulk of my old friend and colleague, Eugene Bore.

He stood for a while, breathing stertorously after the exertion of climbing the six steps, and peered myopically around. His automatic homing device then switched on and he started to trundle along in the vague direction of Boland House.

"Hello Euge," I said, just before being flattened. The great man lurched to a stop.

"Good heavens, hello there!" he said, then cast a worried eye at his watch. "It's nearly five o'clock, how about staggering down for a quick pint in HQ?"

I could see, as a medical man, that this called for the short, sharp shock.

"It's shut."

He reeled back, and managed to control himself just before demolishing a pillar, two glass noticeboards and several passers by.

"It's the summer spring-clean," I said to clarify things, meanwhile marvelling at how quickly his usually ruddy face had turned ashen.

"They never did things like that in my day," he muttered. Cheered up by this blatant lie, his remaining synapse went into overdrive. "We can always have a quick one in the Staff Bar, and then go over to the Shoes."

He rapidly turned around and made for the nearest watering hole, with me trailing behind, only partly because of the gravitational force.

"About my copy, old boy," he continued, after a quick gulp of refreshment – emptying half his glass. "I don't seem to be able to rustle up much gossip this month. People away and all that sort of thing – besides, if HQ's shut, my main source of gossip has gone. Anyway, the way they're losing money there would be more gossip *about* the bar than *in* it. Bloody Clubs' Union can't even run a piss-up in a medical school." At this point he took another reflective sip and contemplated his empty glass with well-feigned surprise. "Gone already – we'd better have another before setting off – it's your round?"

I obliged. Bore looked on form.

"Yes," he continued when I returned, "I was a bit stuck for copy. I thought I might write about the Bar again; or about the new floor in Boland House; or about the succulent *saucisses de bezoar et de soya avec pommes frites incinérées* that I had in the "Spit" – but somehow I couldn't stomach it."

"Besides, our readers might have got a sense of *déjà vu*," I ventured daringly.

"You don't actually think people *read* the *Gazette*, do you?" he riposted wickedly. "Especially most of the stuff that's in it nowadays."

With this, he drained his pint and dragged me off for further refreshment elsewhere. We were to return to this latest theme several hours (and more beers) later.

"No – what you need is punch. Build up the circulation. None of this balanced writing of editorials which doesn't get any controversy going – you should write them with a chip on your shoulder – if not both shoulders," he added. "None of this *News in Brief* which just hides the main stories of the day; none of these theatre and music club reviews that praise everyone in sight, but fail to say who fluffed his lines or went flat; no more of these sports reports which fail to blame specific people for the enormous scores against us; and, above all, no more favourable book reviews – they should concentrate instead on the professional and personal shortcomings of the authors. The *Hospital Information* should have lists of the people who failed, or who didn't get jobs, or who couldn't get their papers published because they were so bloody awful. In short, it should have more *impact*. I bet we'd double the circulation in a couple of years with such an imaginative policy – then we could sell out at vast profit to Robert Maxwell or Rupert Murdoch or someone."

"I'm not sure the Board would approve," I suggested.

"Of course they would – they know when to back a winner," he replied. "This Christmas Draw is a step in the right direction, but it should be monthly and for hundreds of thousands of pounds. Above all, you need one really superb, regular, bitchy column."

"Like yours, I suppose." – and I meant it to sting.

"No, even better – hard though that might be," he declaimed.

"But what would you call it?" I asked, just before passing out. Vaguely, I heard him reply, as I slipped under the table:

"Forthcoming obituaries . . ."

V. D. Shankar

Nursing

Electives for Nurses?

For many years now, medical students have been given the opportunity of practising in a different cultural setting, thus having their horizons widened. The "Elective" is now seen to be an important and necessary part of medical training.

With the increasing number of grants, scholarships and bursaries, combined with the comparatively low cost of overseas travel, low pay is no longer a valid excuse for the nurse not to take the initiative and see what nursing is really like in another environment, such as a developing country.

Completion of training and "post-registration experience" often leaves the nurse with a period of time before commencing a new course or job, particularly with the increasing level of unemployment. Employers look favourably on nurses who have taken the opportunity to spend a short period of time working abroad.

Many missionary organisations can give advice about spending some time in one of their hospitals abroad. Although some are not prepared to take nurses on a short term basis, many are more than willing to offer work at one of their hospitals or clinics if you are prepared to find the money for air fares. This need not necessarily come out of your own pocket, either; if you undertake to write a thesis or paper when you return based on what you have learned, many scholarships are available. A list can be obtained from the Royal College of Nursing if not available in your school of nursing study centre or library. For Christian nurses, particularly those interested in mission work at a future date, financial assistance is available from various Christian organisations as well as, possibly, their own church.

Once a place has been secured, the Royal College of Nursing's International Department can give detailed information and advice on nursing in the country to which you are going. They can also give you a "letter of introduction" to the nursing organisation of that country having a similar role to the R.C.N., and some names which can be useful for obtaining information for papers to be written. They also have available an insurance policy for "R.C.N. members travelling abroad to undertake a position in a foreign hospital or clinic". It is a three-month policy and the premium is considerably cheaper than for an ordinary tourist policy covering the same length of time.

If you prepare well enough in advance (a minimum of six months is advised) and you happen to live in the London area, The School of Tropical Medicine and Hygiene do an evening course lasting approximately 20 weeks, which gives a brief run-down on most of the common tropical diseases you are likely to come across. If you have less time, Oxfam also run short courses.

Although your baggage allowance will be restricted, you should make plenty of room to take "medical supplies". A visit to your operating theatres and sterile supply will reveal a variety of unwanted equipment that will be welcomed with open arms at the hospital you are going to! For example, partially opened suture packs are small and light, and are therefore particularly suitable. Gallipots, disposable nail brushes, oxygen masks and tubing, catheters no longer in common use; pins, screws and plates – and even the occasional hip replacement may be found! If you contact the airline you are travelling with and explain the situation, many will increase your baggage allowance by as much as 10 kilos (22 lb).

If you have any space left, chocolates and other such things not available in the country you will be working in will be enjoyed by all – especially the missionaries who will become your friends for life! Posters are also welcome to cheer up drab walls. When you arrive you may find it sensible to cushion yourself against the cultural shock by allowing your senses to gradually adjust to the new sights, sounds and smells before you begin at 'your' hospital.

I hope you will be fortunate, as I was, to find a genuine welcome and a willingness to teach you and allow for your mistakes. At the end of three months in a Salvation Army mission hospital in India, I can honestly say the time spent was some of the most valuable months of my career so far. Not only was I able to participate in some of the difficulties and joys of nursing in the Third World, but I was also able to share in the cultural setting in which I worked.

In the future, then, "Electives" for nurses might become an integral part of nurse training in the same way it has become for the medical student. In the meantime, all nurses with a few months to spare could take the initiative and organise their own "Elective".

Glenn Miles
Henrietta Raphael Nurses' Home

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Physiotherapy

Assiduous readers will recall that the School and the Department in which the students gain their clinical experience were visited in April by representatives of the Chartered Society and the Physiotherapists Board. Their report has now been received and copies of it are fizzing and smoking gently in the in-trays of concerned parties, while our response to the recommendations is formulated. Without going into details, it would be no exaggeration to say that all was not found to be well and that we are asked what we propose to do about it, in rather forceful terms.

One of the most effective ripostes would appear to be to show that the physiotherapists in training are being successful in the external examinations, and another, that the qualifiers are able to gain employment in an increasingly competitive market. However, *apropros* the latter, a suggestion made to the inspectors that the proof of the pudding is in the eating, and that Guy's physiotherapists are eminently employable – especially as one of them had taken one recently on to her staff – was countered by the observation that he was, at any rate, teachable, implying that he had lain fallow for three years during training, so perhaps that particular response would not find universal acceptance.

But are examination results reliable indicators? We will claim so this time, though there may have been times when arguments to the contrary have been put forward in defence of bad results. This time, though, we can revel in a first-time ever 100% pass in the Part I examination, with 10 of the 44 entrants gaining a Distinction. This gave rise to a post-card from a group of these delicately-nurtured young ladies – no doubt in contravention of all sorts of laws governing the carriage of Her Majesty's Mail – reading simply "we bloody well showed them" – them, it is understood, being our April visitors.

Joy upon joy – Pelion upon Ossa if memory serves – the third year students have made a comparable heaven-wards result-jump. If the mid-eighties can be raised to a hundred, what price the mid-sixties to the mid-seventies? The national pass rate for the qualifying Part II exam has been around two-thirds for several years and we have been a bit above, a bit below during this period (as even our inspectors agreed). This year, though, we are up above 75%, a wholly new experience and, while one feels sad for the others, one exults in the success of the majority.

What a way to boost your pass/fail ratios, though ... What a commentary on our failure to motivate our students, it would be argued. Being a nice guy is not enough, it was said, about the Olympics some fours of years ago, and our visitors may have thought the same about us ... Is it to be away with the carrots and on with the whip? Let's hope we can get away with a gentle pat on the rump!

Ronald J. Cooper

Book Reviews

"The Arthritis Book – A guide for Patients and Their Families", by Ephraim P. Engleman and Milton Silverman. 2nd Edn. Pp. 89. Price £1.95. Cover: Soft. Published by Penguin.

I find it distinctly odd that Penguin Books should have chosen this hybrid text for their Penguin Handbook on Rheumatic Disorders. Written by two American authors (a distinguished Rheumatologist and a science writer), originally published in 1979, it has resurfaced in Britain having been "translated" into English usage by Dr. Robin Withrington. His problem was three-fold: linguistic, differences in health care delivery systems and differing philosophies in rheumatology. There remain glaring problems in the use of words. For example, repeatedly the word "Physician" should have been translated as "Doctor" or "G.P." What is a "special care unit"? A "medical centre" is probably what we would call a "University Hospital". It is definitely not a health centre in the British sense. As is usual in American rheumatology, the emphasis is on inflammatory joint disease, the different forms of which are each covered in a short separate chapter. There is scanty mention of the really common rheumatological lesions, such as tennis elbow, carpal tunnel syndrome, backache etc., that abound in this and every other country and form the bulk of a British G.P.'s rheumatological problems and that of his patients. There are some useful chapters towards the back of the book on "How can you Get Through the Day"?, "Arthritis and Sexuality" and "Quackery". Over and over again we are told about aspirin, indomethacin and phenylbutazone (the last of which has been almost completely withdrawn from the British market) and references made to the non-steroidal drugs, although they are never named. This is puzzling since these are the very drugs that most patients reading the book are likely to be receiving.

I cannot predict whether this book will sell in this country or not. It is informative, easy to read and very brief. I do feel that Penguin Books would have done better to have commissioned a British Rheumatologist to produce a volume from scratch, rather than trying to Anglicise an American one. There would have been no shortage of takers. There have been a number of very good books published with the general public in view. At £1.95 this one is certainly cheap; but for the lay reader with a greater thirst for rheumatological knowledge I would recommend laying out a further pound for "Arthritis and Rheumatism – The Facts" by J. T. Scott, published by Oxford University Press.

R. GRAHAME, M.D., F.R.C.P.,
Consultant Physician,
Department of Rheumatology

"Neurology for the House Officer", by Howard L. Weiner and Lawrence P. Levitt. Third edition. Pp. 204. Price: £8. Published by Williams and Wilkins.

In common with a number of American "manuals" for the junior doctor, this book adopts a problem orientated approach. The topics chosen represent the majority of commonly encountered neurological problems, although there are important omissions. Central nervous system infections and neuro-ophthalmology are, for example, not discussed. Certain subjects are described in disproportionately greater depths than others. The chapters on aphasia and dementia are excellent, but cervical myelopathy, amyotrophic lateral sclerosis and myasthenia only received a small paragraph each. I doubt the value of an entire chapter on sleep disorders in a textbook which otherwise contains no neuropsychiatry.

Therapeutics and references are up to date if somewhat sketchy, and one must remember American preferences in both respects. The construction of certain statements raises objection, as in "When one suspects radial nerve involvement, think of wrist drop". Despite the obvious use of the word processor in the production of this book, there are a number of misleading typographical errors.

The authors have managed to condense a good deal of neurology in this pocket size book. However, while the information it contains may be useful for revision for examinations, I doubt if it can be recommended to the practising neurological trainee.

RICHARD KAY
Registrar
Department of Neurology

"Essential Paediatric M.C.Q.s", by Derek I. Johnston and David Hull. 1st Edn. Pp. 130. Price £3.95. Cover: Soft.

This book is written by the Nottingham authors of Essential Paediatrics and is intended to be used in conjunction with it. There are 130 pages of 206 multiple choice questions and 40 case histories. The format is clear and having the answers on the page following the questions is a major improvement over other presentations. There are occasional printing errors, but none of these affects meaning.

The balance of topics is good and the choice of questions emphasizes areas of paediatrics which students need to know. There are occasional questions which are open to misinterpretation and I found a few of the developmental questions difficult in this respect.

There are two examples in the book which, perhaps, could be rephrased. In question 1.4E, it is dangerous to give the impression that a tense fontanelle does not indicate organic disorder. Case 22 is about a six month old baby in whom it is suggested that the most likely diagnosis is autism, but it is at least as likely that her hearing is impaired and/or she is mentally retarded.

As the authors comment, "MCQs are now an inescapable part of the medical student's career." This is a good, but not perfect book which achieves its aims of providing practice at these and emphasizing important areas of paediatrics.

At £3.95 it is reasonable value especially when shared in a small group.

SIMON LEVIN
Senior Registrar
Department of Paediatrics

"Munk's Roll Volume 7 (1976–1983)", edited by Sir Gordon Wolstenholme. 1st Edn. Pp. 646. Price £35. Cover: Hard.

Sir Gordon Wolstenholme and his assistant Valerie Luniewska are to be congratulated in producing the seventh volume so soon after the sixth, bringing the Roll up to date. It consists of biographies of 415 Fellows (of whom there are 348 photographs) who have died during the period 1976 to 1983. The great tradition of publishing the lives of Fellows in Munk's Roll will continue to be of great interest to historians, libraries, relatives and Fellows, and the Roll is most likely to make compulsive bedtime reading for those who have reached an age where scanning the obituary columns in the morning is the first priority. Amongst the biographies there are twenty-two who have either worked or trained at Guy's and reading such personal accounts produces a mixture of both pleasure and sorrow. With the sixth edition, your reviewer made some comments concerning "do it yourself" obituaries, and it is of interest that present Fellows are to be encouraged to provide an up to date CV so that the College can build up dossiers which it is hoped will be of help to future historians.

G. W. SCOTT
Consultant Physician

"Cash's Textbook of Orthopaedics and Rheumatology for Physiotherapists", edited by Patricia A. Downie. 1st. Edn. Pp. 638. Price £7.95. Cover: Soft. Published by Faber and Faber.

The latest book to emerge from the Cash-Downie stable, this is a substantial addition to the field. Deriving very largely from Oswestry, it demonstrates a commendable unity of approach, which is not disturbed by the outside contributors.

Early chapters on orthoses, gait analysis and footwear make interesting reading and they are followed by an account of bone and joint pathology and a brief statement of the principles underlying orthopaedic traction systems. Lower limb and spinal problems are reviewed by orthopaedic surgeons and physiotherapists in double harness, with physiotherapists describing their assessment and treatment methods, including, briefly, manipulation. Inflammatory arthropathies, joint surgery, fractures and soft tissue injuries are successively covered, and the book ends with a typically flamboyant burst of aphorisms and italics as Sandy McLaren reiterates her robust approach to advanced rehabilitation.

A few small disappointments, the odd spelling mistake, some obscure radiographs, but overall a very good book indeed.

For students, it will be obligatory reading, and for junior staff about to "rotate" into this area it will be informative and stimulating. Definitely one for the book-list.

RONALD COOPER
School of Physiotherapy

Sport

INTRODUCTION

This month we welcome the Rifle club back into the sporting fold at Guy's. These excellent marksmen have followed the trend set by various other clubs in restoring an old club to its rightful position in the hospital.

Also this month's reports include a 1st XV Rugby report for last season. The delay in publication reflects the holiday spirit, but let us now sit back to savour a taste of what is to follow in the next few months.

W. Z.

CRICKET

SILHOUETTES

No doubt readers of this journal have been waiting impatiently for news of the Guy's Silhouettes and to hear how they have fared this season, particularly as this is the first report in the thirty-four year-old history of the club. Rain washed out the opening all-day game at Weald where it is traditional for Ian Munro to play for the opposition. A thunderstorm also severely interrupted the match against the Brickbats, this time at Chiddingstone Causeway. We never know the venue until just before closing time at the Rock Inn. Fortunately Chris Bass chanced upon the ground in time to knock up 64 runs before the heavens opened, and together with 25 from Greenaway, 41 from Neild and 17 from Pocock, the latter two not out, this enabled us to declare at 160 for 3. With time lost waiting for the pitch to dry out, it looked an impossible task for our opponents, but they managed to achieve it in the last over with a couple of balls to go.

At Dormansland we suffered a resounding defeat. Our only excuse was that it was early in the season and we were short of players – Guy Neild press-ganged the last two in the pub the night before the game. Dormansland were at one time only 42 runs for 5 wickets due to some excellent bowling by Williams, Moss and Davoudbhoy, but the middle order managed to break out and they were finally dismissed for 143. Unfortunately, our batsmen suffered a series of nervous breakdowns against some leg spin bowling and we were dismissed for 77 runs, the only resistance coming from Williams (23) and Davoudbhoy (17). Rain also stopped the match against Plaxtol when we were going well at 132 for 3, and this included a gem of an innings of 60 by Guy Neild who peppered the boundary with 9 fours and 3 sixes. Bledwyn Jones also scored a reliable 23. It was a great disappointment not to witness the swing, speed and guile of a powerful bowling side which included Williams, Winter, Duke and the Glyndebourne duo, Tim Evan Jones and Geoff Moses – and the rest of the team.

At Copthorne we dismissed the opposition for 134 with a sustained and aggressive spell from Williams (20 overs non-stop) with 3 wickets for 44 runs and from Alibhai who, once he had found the ground, took a magnificent 6 for 49. Sheridan and Duke had been less successful, the latter not able to discover whether there was any movement off the wicket as the ball rarely made contact with the ground. We won the game easily with the loss of only 2 wickets and with powerful knocks by Rees (56 not out) and Neild (51 not out).

Against Weald at HOP we had a disastrous start with 3 wickets down for 5 runs. However, stubborn resistance by Munro (22) and a fine innings by Brink (90) and also King (42) enabled us to declare at 172 for 7. Weald batted well in spite of a sterling performance by King who bowled 19 consecutive overs for 3 wickets. In the last over Weald needed 7 runs to win, and, in spite of losing a wicket off the first ball to a surprising catch, managed to score a single off the last ball of the game to win the match by one run.

Charlwood provided us with an easy victory. They were dismissed for 88, 6 wickets falling to the leg spin of Kay and 4 to the subtlety of Davoudbhoy. Greenaway, Bass and Brink easily knocked off the runs. We also won the beer match, with great catches by Williams and James. A most successful and enjoyable season so far and although their Captain is proud of the boys, the big one at Four Elms is yet to come.

G. W. S.

St Thomas' 3rd XI 92, Penetrators 98-2

The Penetrators took to the field gingerly, uncertain of their talents to the tune of Frank Zappa's "Valley Girl". Immediately we were in trouble. Our much vaunted opening attack was carved, cut and decimated to all

corners of the ground. The left-handed opener ought to have been run out once and was dropped three times.

"It has to go down as a chance," Tim Bryant said encouragingly and successively to each fielder who dropped him.

With Tommy's poised for a big score at circa 50 without loss – a break through!

Neil Slater had the guile and craft to bowl a completely innocuous delivery immediately after being whacked for six. The right-hander was bowled via bat, both pads and other appendages. Andy Jones at the other end at first applied the brake and then demolished the middle order with what looked deceptively like very slow rubbish, but was in fact, he assures us, a veritable feast of spinning artistry. He took three wickets for very little. Graham Smith returned with fire, pace and an extraordinary grin to wipe out the tail end. Tommy's were 92 all out, Searle having distinguished himself in the field by catching two and stumping one. Mick Martin was a bit of a spare part, but he did get through three pints while ostensibly fielding at mid-on.

Panic-attack! It was our turn to bat! Our opening pair of Petrides and Ferguson took guard, aware that a good start was our only realistic chance of victory. What relief, when Simon despatched the first delivery to the mid-off boundary with an exquisitely timed off-drive! We were reminded of the first delivery David Gower faced in test match cricket. The same blonde hair, clear eyes and effect on the uterus.

Simon and Jamie did very well until Jamie mistimed a drive and was caught at midwicket for an excellent circa twenty. Andy Jones stepped up, but was shot out by a shooter that didn't get up at all. Neil Slater took awkward left-handed guard, but kept Simon company nudging, glancing, tickling and whacking. He didn't bat badly either. Simon completed an excellent half century, and stayed until the scores were tied. In a fairy-tale finale, he squared up to a rather sad long hop and thumped it over mid-on, the tennis courts and into orbit for six!

First round to the Penetrators.

We then challenged Tommy's to an exacting test of vestibular function known as a "stump run". Competitors run ten yards to a stump, place their foreheads on it and complete ten circuits before returning home. Not easy, but we won this too.

Flip Flop

Penetrator's 1st XI
vs St. Thomas' Barbarians

In this, the first ever Penetrator's cricket match on a glorious Sunday afternoon, the oppo arrived late and then had the cheek to make the boys field first. As punishment we bowled fiercely to reduce them to 50 for 0 after the first few overs out of 40, most of these coming off the bowling of Graham "Big Bird" Smith and "Boy" Petrides, with Jamie Ferguson – the old man of the team – fielding in the slips so he could talk to the wicket-keeper, and Stonker Martin fielding on the boundary so he could talk to his pint. Captain Owens brought himself on and, at the other end, Professor Slatter; it was the latter who made the breakthrough – giving the batsman a false sense of security by being smashed for six, then getting him given out due only to the fact that nobody (least of all the umpires) knew the rules.

Thus, with the run rate greatly slowed, another bowling change allowed H. M. Jones and Simon (authentic cricketing Yorkshireman) Love to consolidate an improving performance by taking 5 wickets between them. Three of these were with the help of brilliant keeping by Fru Macmillan-Searle, including an elegant stumping, remarkable from such a seasoned, and short-sighted veteran. Joel Smith returned with a longer run-up, smoother action and a great deal more success, including a double wicket maiden, and an outrageous dive from Tim "Shorts" Bryant which nevertheless did not result in him actively contributing to the game. Finally, an inspired bowling change left the newly capped Mr. Cheetham with figures of 1 ball bowled, no runs, 1 wicket. Barbarians all out 92.

The Penetrator's innings was a major success story, after a good start from Ferguson and Petrides. Jamie was caught hitting out and the No. 3 Andy Jones was bowled for very few. However, Orifessir Slatter was a steady, yet boring innings ably supported all-American type hero Simon Petrides, who hit an unbeaten 67 and was only dropped 3 times. He also hit the winning six off the last ball of the match, but reports that he at any time broke into a sweat were cooly denied by the megastar after the match.

So, a major and well-deserved victory for the Penetrators at cricket, plus an even more famous victory at stump-running afterwards leave a 100% record to carry forward to the next match.

H.M.J.

RUGBY FOOTBALL

Sports fans everywhere will be delighted to know that at absolutely no expense we finally tracked down the lost diaries which detail the Rugby Club's Easter tour in all its sordid glory. Tucked away in a seedy apartment deep in Bermondsey they have lain undiscovered for weeks until our intrepid reporter finally got home and dug them out. Extracts of these diaries are published exclusively in this *Gazette*. (Hang onto your copy, it could become a collector's item.)

Tuesday April 19th, 12.00 noon: party assembled at the East Wing; 12.05: party re-assembled at the Horseshoe; 2.30: party in full swing. This year's tour has become so exclusive that Nigel has allowed only 16 players the honour of travelling, however the party felt that no tour would be complete without a resident tenor, so famous Frank Guppy was invited along and generously cancelled his engagements in favour of sunny Cornwall. Seven and a half nerve racking hours later (Ingamar was driving), we arrived at the Trelawney Hotel, St Ives. The local nightspots were rapidly located and duly infiltrated. Those gay blades, Docker and Haley, entertained all with the latest in breakdancing, and Docker's performance of *"Footloose"* was particularly well received. Tim Bryant's medallion had lost some of its normal lustre and he had to content himself with the O.A.P. end of the spectrum. Meanwhile, back at the hotel, the old men Popplewell and Hogan kept an all night vigil on Bushmills until the fledgelings were all safely returned to the nest.

Friday April 20th. Disaster strikes early on this tour. Famous Frank has deserted us (we may have to listen to Chew sing), and the rat is on crutches (severely damaged hind paw). *Nigel is ecstatic – no selection problems* now the party is 15 strong. We play Helston this afternoon, so the morning's training session is both vigorous and rewarding. Chew tries some windsurfing but survives, Conchie attends a lecture on pewter engraving (he craves education) and Tim is to be found furiously polishing his medallion. Our arrival at Helston is an emotional one for two reasons. This was the scene of last year's illustrious victories and, more importantly, the Gibsons are here. Terry, cool, calm, and eternally optimistic; Jane, delightful as ever, and the children now resigned to their father's eccentric rugby friends. A large crowd has turned up to support Helston, but Mrs Popplewell is here to support us, so the chaps take the field with confidence. The game begins well for Guy's with the back row of Hogan, Denmark and Love combining well in the loose. Conchie and Whitfield are supreme in the line out and the backs look dangerous when in possession. Disaster strikes, Popplewell damages his neck and has to retire. Hogan moves to prop, but is no substitute for the massive Popplewell. With the Hospital scrummage disintegrating by the moment and with their one man advantage, Helston take the lead and run out winner by 21-3, Bryant scoring the points for Guy's. Though clearly disappointed at losing, the Hospital entertained admirably in the bar and a shield commemorating the event was presented to Helston. A special word of thanks here to Jane Gibson for her tender ministrations to the stricken Popps and to Mrs Popps for her vociferous support.

Saturday April 21st. No rugby today – a good thing really: we're now down to 14 fit men. The morning slipped by pleasantly at the Sloop, with some vertical sun bathing. Whitfield did his weekend shopping obtaining all the essentials, hair dye, ear ring, eye patch, sword etc. Even on tour, Nick never allows his complete aura of insanity to fade even for a moment – more of that later. Once the pub shut, the Guy's hysterical society (a subsection of the rugby club) re-enacted the scenes at Dunkirk much to the delight of the local boat owners. A Long Day thus ran into a Long Night, punctuated only by a visit to the local curry house for a delightful meal of sheeps-head biryani cooked by their visiting chef, Cruton O Smut, known locally as the Martyr at Dawn. Whitfield spent the evening offering free dental treatment to a variety of barmen armed only with his sword and with Popplewell as D.S.A.

Sunday 22nd April. Another glorious day marred only by the fact there's a match this afternoon. Still only 14 fit men and some of them look decidedly pale. Fear not, Nigel tells us he's got a plan, and by lunch time, we're up to 15 strong again, a prop has been purloined from Helston, and so the merry crew leave for Hayle. With temperatures in the 80s and the team already severely dehydrated for other reasons, things don't look good. Guy's start well and early pressure is rewarded with a fine try for Denmark; this was his best game for some time, and he was without doubt man of the match on the Guy's side. Bryant kicked two penalties:

thus at half time Guy's trailed 12-10, a respectable score against strong opposition. Alas it was not to remain so respectable. Chew retired injured soon into the 2nd period to be replaced by Popplewell who decided to risk a run out at full back. Hayle soon asserted their superiority and finally ran out winners by 36-10. Guy's can be proud of a brave and entertaining performance. The evening's entertainments are a mystery to me since both Nick Whitfield and I retired early due to severe alcoholic poisoning.

Monday 23rd April. The last day of tour and despite two defeats, spirits are still high. The playing strength has been further reduced. Today's game has a 6.30 p.m. kick off so Terry Gibson is not available (way past his bed time), Chew is still injured and Hogan is limping (whimping). Thus we're down to 12 fit men! The pressgang leaves early and by noon we're back to strength. Lunch is taken at Mousehole before making our way to Penzance, home of the Penzance and Newlyn Pirates. This proved to be the toughest game of the tour, and Guy's rose to the occasion in front of a packed grand stand to perform admirably. Injury struck again, this time to one of our visitors which necessitated Hogan's reappearance on the wing! Guy's failed to score in this game, although Seare was over the line and dropped the ball – no comment. A final score of 32-0 was unflattering to Guy's, but the crowd showed their appreciation with generous applause at the finish. It was 10 p.m. before the drive home began, so the return trip was somewhat subdued. Another trip over, and thoroughly enjoyed by all. Everyone played well both on and off the field. Many thanks to Popplewell for his organsiational abilities yet again.

Tour party: Nigel Poole, Lloyd Denmark, Charles Popplewell, Kim Conchie, Bill Hogan, Richard Docker, Paul Haley, Paul Chew, Simon Love, Terry Gibson, Dave Guppy, Matt Hackett, Mike Seare, Mike Coleman, Nick Whitfield, Jamie Leigh, Tim Bryant.

P.S. Tour puzzle. Why did Docker lock Haley out on Sunday? Sounds oddy to me.

SEPTIC

RIFLE CLUB

United Hospitals Cup: Guy's 3rd

The rifle club represented Guy's at Bisley this Summer for the first time in three years. A team of four – Alex Howard, James Quinn, Simon Smallwood and Simon Horner – competed for the United Hospitals' Cup and came third with a score of 379. St. Thomas's were first (with two internationals in their team) and The London A team second. Simon Horner won the N.R.A. club medal for the top score in our team of 100 out of a possible 105.

We were fortunate in meeting Colonel David Boulton, a past member of Guy's, who has offered his, and several other previous students' services, for next year. We have much appreciated this gesture and shall benefit from their coaching skills as well as being able to field at least two strong teams of two veterans and two present members per team in the next Hospitals Cup.

Simon Horner coached and shot in the London University B team in the Musketeers – the inter-University short range challenge cup – the team beating the A team and coming second overall to St. Andrew's. James Quinn captained the C team in the long range challenge and was pleased to beat the B team (but not the A!) aided by a 49 out of a possible 50 at 900 yards in difficult wind with a rifle which, he tells me, will not shoot at long range. Simon Horner won the London University short range aggregate with a score of 485 out of 505 collecting a commemorative tankard which will prove useful when the glasses in the bar run out.

No-one was able to participate in the final of H.M. the Queen's Prize, although Simon Horner narrowly missed appearing in this by being knocked out after two tie shoots for 100th place, and ended up placed 101st.

Although only four of us were shooting for Guy's, we feel that with our lack of practice taken into consideration we acquitted ourselves well, especially since one is often competing at International level. Several people remarked to me how good it was to see Guy's Hospital back at Bisley and I hope that in a few years time we shall have a team as strong as in previous years.

S. H.

Hospital Information

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PRIZES 1983–84

PRECLINICAL PRIZES

School Prize in Pharmacology 84
A. G. Hammersley

Woodridge Prize for Physiology 84
S. V. Thorogood

Michael Harris Prize for Anatomy 84
Miss S. Jamil
P. Jani, Certificate of Merit

Gowland Hopkins Prize in Biochemistry 1984
Miss C. N. O. Jones

Confined War Memorial Scholarship 1984
Miss E. A. Mitchell

Confined War Memorial Exhibitions 1984
Miss A. Aristodemou
M. J. Sharrard
Miss S. E. Stanley

Confined War Memorial Clinical Exhibitions 1984
A. J. P. Clements
J. C. Feneley
M. J. Fisher
Miss S. Jamil
Miss M. H. Thom

Tewfik Prize for Anatomy & Physiology
Miss C. N. O. Jones

Louis Meyer Harris Prize 1984
M. J. Fisher

Edgcumbe Prize 1984
Miss E. A. Mitchell

Preliminary Clinical Prize 1984
Miss P. J. Norris

CLINICAL PRIZES

Richard Ellis Prizes for Paediatrics 1983
First: Miss L. L.-M. Mak
Miss N. A. Fineberg
Second: J. J. M. Black

Spastics Society Handicap Prizes 1983
First: G. J. Thornicroft
Second: N. A. Munro

Ophthalmology Firm Prizes
Dec. 1983
First: Miss R. M. Ayling
Second: Miss M. Claiden
Feb. 84
R. P. W. Cowell, D. A. Walsh } jointly
May 84
First: A. Hasheminejad
Second: Miss H. G. du Peloux Menage

Dermatology Firm Prizes
Dec. 83
First: P. J. Alderson
Second: Miss R. M. Ayling
Feb. 84
First: D. A. Rouse
Second: R. A. Atun
May 84
First: J. A. McGrath
Second: A. Hasheminejad

Gillespie Prize for Psychological Medicine 1984
A. J. Kent, K. R. Lloyd } jointly

Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine 1984
Medal and Prize: C. M. Dayan
Second Prize: Miss C. E. Wilkie

Charles Forster Prize for Cardiology 1984
T. J. Vyse

Hopkins Prizes for Anaesthetics 1984
First: C. D. Newson
Second: P. D. Stenhouse (Dental Student)
Third: Miss E. M. Melville

Dennis Deuchar Memorial Prize 1984
D. A. Walsh

Ian Howat Memorial Prize 1984
Miss J. M. C. Goff, A. G. Williams } jointly

Mr. & Mrs. Leung Woon Keung Prizes 1984
T. C. Chang
A. J. B. James
T. J. Vyse

Gilbert Prize for Rheumatology 1984
Miss C. E. Wilkie

Golding Bird Medal and Prize for Obstetrics & Gynaecology 1984
Medal & Prize: G. J. Thornicroft
Cert. of Merit: M. D. Kilby

Charles Oldham Prize for Ophthalmology 1984
First Prize: Miss L. L.-L. Mak
Second Prize: S. D. Fewster

Surgeon Rear-Admiral R. F. Clark Exhibitions for Physiology and Bacteriology 1984
R. S. Chowdhury
J. A. Spence
Miss S. Wollaston

Treasurer's Medal and Tewfik Prize for Surgery 1984
Medal & Prize: S. J. Plint
Second Prize: Miss N. A. Fineberg

Golding Bird Medal and Prize for Bacteriology 1984
Medal & Prize: Miss E. M. A. Witherington
Cert. of Merit: T. J. Blanchard

Henry Levitt Memorial Prize for 1983
C. M. Dayan

***Duke Elder Undergraduate Prize in Ophthalmology* 1984 (run country wide by the Faculty of Ophthalmologists at the R.C.S.)**
K. G. Davey

MARRIAGE

LAPAGE–MAY. The marriage took place on 11th August 1984 between Josephine May of Surbiton and James Lapage of Southampton. The bride trained to be a physiotherapist at Guy's Hospital and is now at Southampton General Hospital.

DEATHS

BEALES – Clifford Maxwell, L.D.S., R.C.S. (Guy's 1929–1934) died peacefully in hospital at Oxford on August 1st 1984. He was in practice at Woodford Green, Essex, for many years and served with the R.A.F. during the war, three years as a P.O.W. of the Japanese. He leaves a widow, Ruth and a son and daughter, David and Carol.

PERSONAL

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Guy's Hospital Gazette

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NURSING CORRESPONDENT — SERENA COOPER
PHYSIOTHERAPY CORRESPONDENT — RONALD COOPER
MANAGER — PAT DRISCOLL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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SEPTEMBER, 1984 VOLUME 98 NUMBER 2346

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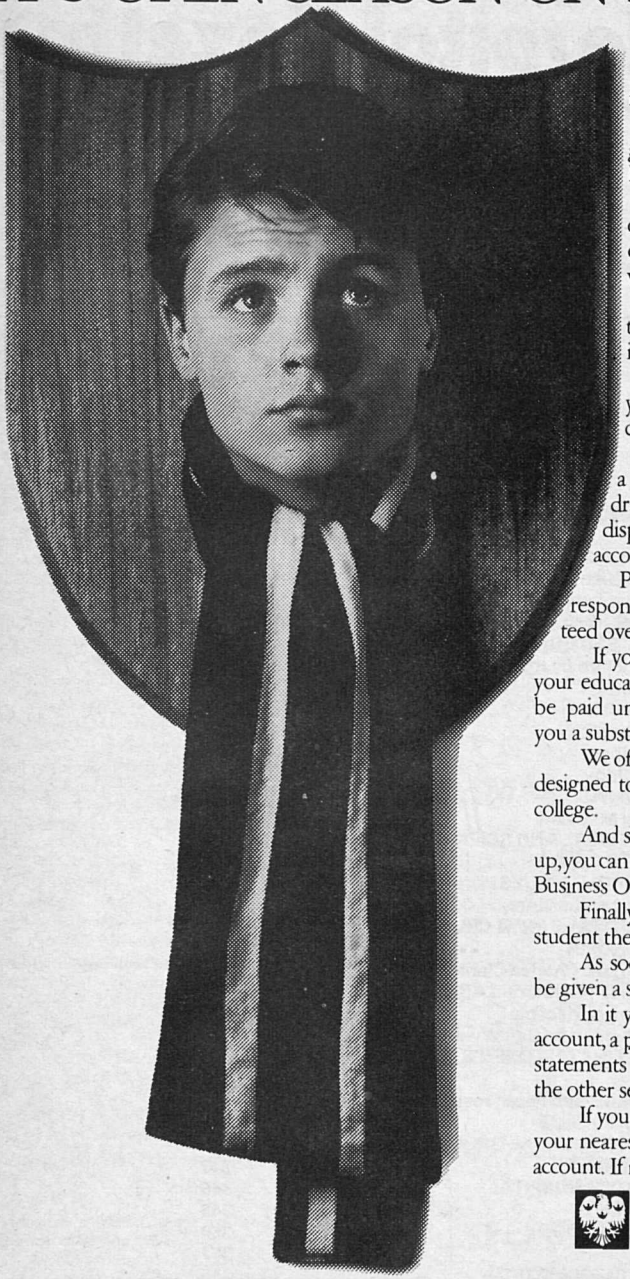
ONCE AGAIN, IT'S OPEN SEASON ON STUDENTS.



At the moment students are fair game for the banks.

Since you can't convert your grant cheque into cash you simply have to open a bank account.

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Passim

Welcome!

At unimaginable cost in time, effort and physical strain, the Freshers' Edition of the *Gazette* is being brought to you before it is a month out of date, which in the past has rather diminished its impact.

You have made an excellent choice in deigning to bring your hemispheres to Guy's. We enjoy one of the friendliest and most active social lives in London, and the reputation of the Hospital is such that you may even end up with a job at the end of your training, although this is by no means certain. Even so, you will postpone having to earn a living by at least five years, so it is not all bad.

The older one gets, the more advice one feels compelled to offer, and the more rarely it is taken. Notwithstanding that, make sure you throw yourselves fully into the swing of things by going to EVERYTHING in Freshers' Week and by then becoming associated with a Club. Certainly on your UCCA forms you will have generously portrayed yourself as a combined rugby international, concert pianist, Laurence Olivier, Steve Ovett and chief organiser of everything within ten miles of your school. It is strange how soon these abilities fade just when people have the best chance to exploit them. You will never have experienced the degree of freedom that University offers, compared with school, and it is up to you to make the most of it. All of you each have enough GCE's to equip a dozen Louis Pasteurs, so if you do some work you will pass all the little quizzes that await you. Never again in the course of human education, will so few have the chance to enjoy so much, so often.

If you have read a newspaper over the last two years, you will have heard that Guy's as a hospital is being financially squeezed as a result of diversion of funds due to the depopulation of the immediate area. The fact that Guy's is a centre for referral for a huge area, beyond even Bermondsey, seems to have escaped RAWP's notice. Therefore prepare yourselves for the continuing spiral of gloom as Guy's is slowly choked to death as an under-graduate teaching hospital.

On that cheerful note it remains only to wish you the very best of luck in your careers at Guy's, and to exhort you to make the most of the opportunities offered to you.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

Gazette Christmas Raffle

We shall again be holding our popular Christmas Raffle this year. The revenue that this raises helps delay a rise in *Gazette* subscriptions, as well as, of course, providing a chance for some of you to win a not insubstantial sum of money. Prize money this year will total £400.

A couple of books of tickets are included with each copy, and if you wish to take any, please return the stubs and remittance in the envelope provided by December 10th. The draw will be held on December 14th, which should mean that there is time for us to send the prizes to arrive by Christmas. Thank you for supporting us.

Dr. Guy Nield

Many congratulations to Dr. Nield who has been appointed Senior Lecturer and Honorary Consultant to St. Peter and St. Paul Hospital.

Dr. B. H. Pentney

Congratulations to Dr. Pentney who has passed the London University, Department of Extra-Mural Studies, Diploma of Criminology with Merit.

Dr. John Weinman

We are pleased to report that Dr. Weinman has been honoured with a Fellowship of the British Psychological Society.

Apology

In last month's *Clubs' Union News, "There is no doubt that the present system where House jobs are acquired by nepotism and ingratiating oneself with consultants is very undesirable."* should have appeared as:

"There is no doubt that a system where House jobs are acquired by nepotism and ingratiating oneself to consultants is very undesirable."

The Editors of the *Gazette* apologise for any misunderstanding or embarrassment caused.

Front Cover

This month's Front Cover is adapted from the cover of the June 10, 1896 edition of the *Gazette.*

"Beer Can Bring Gout to a Head"

"People with a gout problem have been advised to steer clear of beer.

"It could be far more damaging than the gout-traditional dread – port, according to a new study.

"Research carried out at Guy's Hospital, Southwark indicates that it is the chemical substance purine rather than the alcohol itself which could be doing the damage.

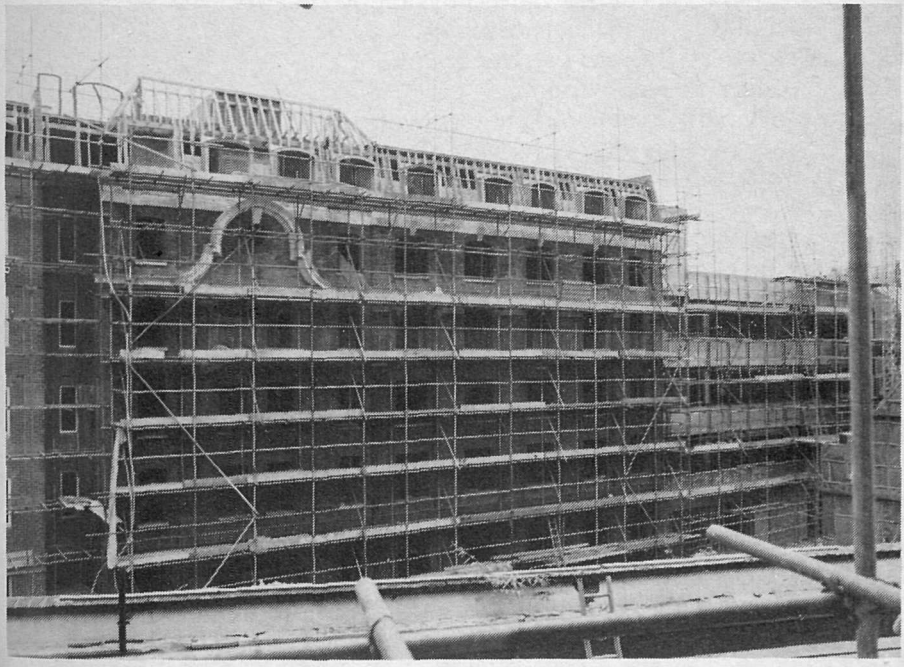
"The effect that even moderate beer-drinking was having on his gout patients was noticed by Dr. Terry Gibson of Guy's Rheumatology Department.

"In an experiment, patients were given five pints of either beer or fruit squash to drink on successive afternoons."

(Reprinted from *The Standard,* Thursday, September 6th, 1984.)

Chesterfield Development

These photographs show the new accommodation block that is being built as part of the new Chesterfield development at Guy's. Accommodation is intended for Hospital and Health Authority staff, and it is hoped that the building will be commissioned in the middle of next year, It comprises: 268 beds altogether, as 52 x 4 bedroom flats, 5 x 5, 8 x 3 and 11 single bed flats. More about the Development in a future issue.



Photographs by kind permission of Lovells.

Programme for Freshers' Week

Monday 1st October: 9.45: Grand Welcome. Talk from the Dean, Students' Union, plus films – Harris Physiology Theatre.
11.30: Tour of Guy's and local hostelries.
3.00: Meet the staff tea party – Upper Spit.
4.00: Freshers' Fair – Ballroom.
6.30: Family party. Meet your parents, with complimentary food and wine – Ballroom.
8.30: Barn Dance – Ballroom.

Tuesday 2nd October: 1.00: Christian Union Lunch – Ballroom.
4.30: Tea for Dental Freshers – Tower Lecture Theatre Ante-room.
5.00: Dental Society Presidential Address – Tower Lecture Theatre.
6.00: Nat West Cheese and Wine – Ballroom.
8.00: Inlam – Bar.

Wednesday 3rd October: p.m.: Trials at Honor Oak Park; Chiswick Boat House. Details at Freshers' Fair.
8.00: Barbeque and Disco – Honor Oak Park.

Thursday 4th October: 8.00: Rugby Club Hop – Ballroom.

Friday 5th October: 8.00: Beach Party. Prizes for best outfits. Games, live music and drinks promotion – Ballroom.

Saturday 6th October: 8.00: Jazz and Cocktails. Dance to "*Moles*" Dixieland Band while sipping some of Guy's more lethal concoctions – Ballroom.

January 1965 Nursing Set

A reunion of the above set has been arranged for 5th January 1985. Would any member of the set not already notified please contact either:

Christine Hosker, Mill Hill School, London NW7. 01-959 1432.

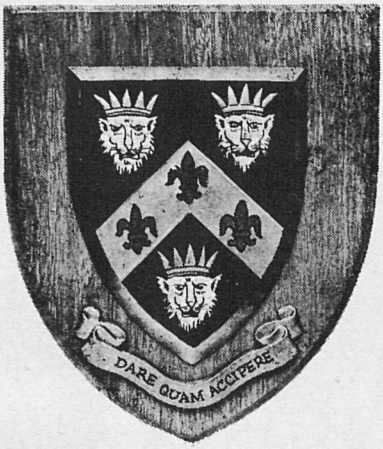
Or: Janet Weston (née Haynes), The Hollies, Peters Green, Luton,. Beds. 0438 832310

Caption Competition Replies

For those who are not aware, earlier this year the Guy's Shield mysteriously disappeared from between the angels . . . hence the caption competition . . .

One angel to another:
"Is nothing sacred?
It's these — N.H.S. cuts!" suggests Dr. P. K. Bridges, of the Department of Psychiatry at Guy's.
or:
"Is that the Register of 'Gold Permit Holders' you have under your arm?!", from Eric Loomes of the Special Trustees Office.

Guy's Hospital Gazette



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Obituary

Ron Morgan

The sudden death of Ron Morgan from heart disease on 15th August will sadden many generations of Guy's pathologists. Ron first worked for Guy's Hospital Medical School forty years ago during its war time exile at Farnborough, and returned, with Professor Payling Wright, in 1945.

He started as a junior technician when a teenager, but soon became the backbone of technical expertise for the department and, indeed, for many others throughout the School. He was responsible for setting up one of the first β radioactivity counters to be used for pathological research, constructed many items of equipment and continued to be in charge of department apparatus throughout his whole career. In all, his contributions to the scientific work of the department led to his co-authorship in at least a hundred papers.

For the last twenty years, Ron suffered from a chronic illness, which caused him great distress. Despite this, he continued to work effectively and the present members of the department are greatly indebted to him for his loyal assistance in recent years. He kept abreast of technical challenges, turned his hand to immunology, and even after his illness finally forced his early retirement, came back part-time to assist with the introduction of computers into departmental work. He leaves a sister and two brothers. His father died three days before him.

R. N. P.

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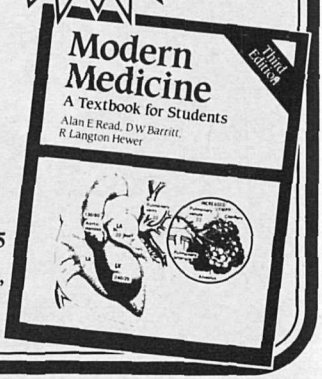

Pitman

Appreciation

J. C. Houston, C.B.E., M.D., F.R.C.P.

James Caldwell Houston, known to his colleagues as George although to his family as Jim, entered Guy's Hospital Medical School as a first M.B. medical student at the age of 17½ on 2nd October, 1934. Half a century later, almost to the day, he is retiring as Dean of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals after an outstanding career in which his achievements can have been surpassed by very few Guy's graduates.

He qualified in 1939 and joined the R.A.M.C. the following year. He spent most of his war service overseas, becoming a Medical Specialist and attaining the rank of Major. He was successful in the M.R.C.P. as a serving officer in 1944 and was elected to the Fellowship of the Royal College of Physicians in 1956. On demobilisation in 1946, having obtained the M.D. (London), he returned to Guy's as a medical registrar, subsequently becoming Clinical Tutor, an appointment which he held until his election to the consultant staff in 1953. In addition to his great popularity as a physician and teacher, it was soon apparent that he had outstanding administrative ability and he became the obvious choice to succeed Sir Rowan Boland as Dean of the Medical and Dental Schools which, after a period of apprenticeship as Sub-Dean, he did on Sir Rowan's retirement in 1965. During the past nineteen years he has steered the school through a very difficult period in its history with outstanding success. His period of office has coincided with two major reorganisations in the National Health Service, and, in recent years, with the necessity to introduce unpopular economic measures which, had it not been for George Houston's wisdom and forethought, would undoubtedly have had a far greater disruptive effect upon the school than has in fact been the case.

He has shown great ability as a fund raiser and has channelled several million pounds into the school from charitable organisations which have proved invaluable in fostering research and other projects, including the building of Wolfson House.

His success as a Dean made it inevitable that he became a leading figure in the medical circles of the University of London. He has been a member of the Committee of Vice-Chancellors and Principals and Chairman of the University's Collegiate Council, as well as of the Conference of Metropolitan Deans. He also served for ten years as a member of the Board of the Faculty of Medicine at Cambridge.

In addition to his clinical work and his major involvement with the School and University, George Houston has played a leading role in many other important spheres of medicine. He is a vice-president of the Medical Defence Union and also a director of a large insurance company, the Clerical, Medical and General Life Assurance Society. In spite of this huge

workload, he has managed to find the time to be a co-author in two very well known medical textbooks. The first of these, *'A Short Textbook of Medicine'* by Houston, Joiner and Trounce, was first published in 1962, and is now in its 7th edition. Its success as a comprehensive guide to the basic facts of medicine was quite outstanding, and, although written mainly for medical students, it is to be found on the shelves of many consultant physicians today. It is possibly true that Houston's place in medical immortality will be assured to a greater extent by the fact that he is the senior co-author of this text book, rather than by his great achievements in the sphere of university affairs. He was also co-author in a well known textbook written mainly for nurses which is now in its 5th edition.

During the past few years, George Houston has, as Dean of Guy's, been intimately concerned with the re-unification of the Guy's and St. Thomas's schools which took place in 1982, and he became the first Dean of the United Medical and Dental Schools of Guy's and St. Thomas's. His foresight, tact and popularity did a great deal to smooth out the inevitable teething troubles that were bound to accompany a merger of this type, and he is due a large share of the credit for the success of this exciting development. His many friends were delighted when he was honoured with the well merited award of a C.B.E. in 1982.

He married Dr. Thelma Cruickshank in 1946, having met her when they were both serving in the R.A.M.C. in India. They have four sons, the eldest three of whom are doctors, and he has had the great benefit of a happy united family background. He owns a cottage in Kent which he visits at weekends whenever he can and which allows him to relax from his many responsibilities and pursue his lifelong enthusiasm for gardening.

He is a keen golfer and although his workload has meant that he has had to limit the time he has so far been able to spend on the course, he is aiming to put this right when he retires and, as the time approaches, his friends are already aware of an improvement in his game.

George Houston has devoted his life to medicine and perhaps especially to the training of the next generations of doctors which gave him especial satisfaction. He has achieved a great deal and can look back on his career with satisfaction and a sense of pride. He has the ability to sum up a situation and apply the solution he considers to be right with firmness if necessary, but always with kindness, tact and understanding of other people's problems. In addition he has a marvellous sense of humour and has become a true friend to very many members of the staff. Guy's medical school has indeed been fortunate to have him as its leader and we wish him a long and happy retirement which he most richly deserves.

K. S. M.

Clubs' Union News

Unfortunately no process is infallible. On its complicated path to the printed page a few words were innocently inserted and changed in the last issue's *Clubs' Union News*. As a result the meaning of a few sentences was radically altered from that originally intended. I refer to the fifth, sixth and seventh sentences in the first paragraph. What should have appeared is as follows:

> *There is no doubt that a system where House jobs are acquired by nepotism and ingratiating oneself to consultants is very undesirable. Likewise, some form of incentive to keep up consistent work for many students is certainly necessary. However, the present sign-up system is far from ideal.*

I accept the *Gazette*'s apology for this blunder and am sure there will be none similar in the future. It is worth mentioning, though, that I have already had comments from a considerable number of students agreeing that a reform in the sign-up system is needed.

To the first year medics and dentists now starting at Guy's, the clinical years must seem a very long way off. There are far more pressing things to worry about. Many will have no accommodation in London with some sleeping on people's floors. Many will be living away from home for the first time. Learning to work unsupervised and coping with the impersonal lecture theatre environment will be new, and for many, quite unsettling. Last, but not least, they have to try and fit in, make friends and become a part of this enormous hospital. It is an important part of the Clubs' Union's role to help the Freshers cope with these problems. Naturally, the first week is full of entertainments and activities and the bleary eyes at 9.30 lectures are tell-tale signs of many hours of determined revelling. And so most people experience their start at Guy's through an alcoholic haze and never look back. Not everyone finds it easy to mix in, though. This year, for the first time at Guy's, we are linking every first year student to a second year "parent". These parents will hopefully act as a source of information, experience, party venues, drinks, as well as providing a friendly ear to any problems the Fresher may have in the first few weeks. As with anything new, the whole idea may be a flop, but with a bit of effort all round I think that it should develop into a worthy Guy's tradition.

J. R. Edwards

Introduction by the Deans

Professor T. J. H. Clark, Dean of Medical Studies

I am delighted to have a further opportunity to welcome you to Guy's, which is part of the United Medical and Dental Schools (UMDS) of Guy's and St. Thomas's Hospitals. I will not repeat my comments concerning UMDS which have appeared in the *Freshers' Magazine* as I wish on this occasion to contrast medical education with your previous school experience. I suppose you may wonder what a Dean does and probably will equate me with a head-teacher. This assumes that the Medical School has a similar organisation to that of a school, but this is not the case, and it is very important for you to acquire a new approach to learning. In part this stems from the fact that medical education does not cease when you qualify and you must therefore develop an attitude of mind which prepares you to learn throughout your professional career. Undergraduate medical education is inevitably an intensive period of study, but you will need to pick up lifelong habits of critical appraisal of new information as well as a willingness to be constantly on the lookout for new ideas and techniques. One of the biggest differences between school and university life is the priority given to the development of independent and critical faculties and it is our job to facilitate and encourage this.

As you know, you come at a time of change following our recent union with St. Thomas's Hospital Medical School. As I indicated in the *Freshers' Magazine,* inevitably more needs to be done to strengthen the union and we all need to keep an open mind as to the best way to achieve this.

There are also uncertainties and change concerning the future of the health service and indeed the future of the medical profession itself. This requires good communication throughout the Medical School so that we can develop a sense of purpose together in tackling adversity and meeting the challenge of change. One of our great strengths is the regular influx of new students such as yourself who bring with you vitality, fresh ideas and a strong stimulus to us all to sustain our best traditions and to introduce new ones. Welcome to Guy's and to UMDS and best wishes for the future.

Professor W. J. Tulley, Dean of Dental Studies

I am pleased to welcome all the Freshers who are joining us to study dentistry. You are about to embark on a demanding, but interesting course at a time when we are making major changes in the curriculum and timetable. This change has been enabled by the merger of Guy's with the Royal Dental School as part of the United Medical and Dental Schools. The main changes will not affect you in your first year when you will be devoting most of your time to pre-clinical studies in the medical school building. We hope, however, to integrate this first year in some measure with the clinical school.

It is almost certain that at some time you have had personal experience of dental treatment and it is always helpful to make contact with clinical students to continue your treatment at Guy's, as it is important to realise what it is like to be on the receiving end.

It is a major step to enter University life from school and the University Teaching Hospital is an even more demanding change. I hope you will enjoy the social life which the campus provides at the same time as paying due attention to your studies. Guy's Dental School has always been highly regarded as producing a graduate who is competent and caring.

In joining the Guy's community, may I wish you a very happy time with us and I can always be contacted in the School Office should you wish to have any personal discussions with me.

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Anatomy

Professor M. Berry, Department of Anatomy

Macroscopic and microscopic anatomy, embryology and neuroanatomy are taught to both medical and dental students. Practical classes, tutorials and lectures are given throughout the two preclinical years. Medical students at both St. Thomas's and Guy's receive the same curriculum and sit identical examinations. Special dental anatomy is an additional course exclusively taught to dental students at Guy's. In gross anatomy, the emphasis is placed on learning anatomy by dissection of the human body. This is because functional significance and three dimensional relationships are best understood from studying structures *in situ*. All students should take this opportunity to dissect the human body. The mass of information to be absorbed is daunting, but the burden is less arduous if students are able to visualise structures through demonstration by dissection. Modern anatomy courses have eliminated the detail which characterised the subject in the past. Nowadays, relevance is judged by scientific or educational criteria and according to clinical significance. Where possible the courses in anatomy are integrated with those of other departments.

Microscopic anatomy is taught by means of lectures and practical classes in which the histology and electron microscopy of tissues is demonstrated by closed circuit television and by individually viewing tissues with the microscope. Embryology is covered by special lectures and also by integrating much of the development of systems with relevant parts of the course in gross anatomy.

The research activity of the department is divided into two broad areas, namely neurobiology and connective tissue research. Members of staff are actively involved in projects relating to bone growth and healing,processes of soft tissue wound repair, documentation of the development of bone lesions in arthritis, dental evolution, developmental neurobiology, response of the nervous system to injury and immunology of the brain. Students have an opportunity to join these research teams for project work during a one year Hons. BSc course which is intercalated between the end of Pt. II B.M.S. and the beginning of the clinical course. The B.Sc. course is composed of three course units, one of which is a research project in an area complementary to the other two. The U.M.D.S. Anatomy department offers course units, consisting of tutorial and practical work, in Developmental Neurobiology (Guy's), Biology of Connective Tissue (Guy's), Cell Biology (St. Thomas's) and Primate Evolution (St. Thomas's). The project work is examined by thesis and the course work (two course units of your choice) assessed by examination.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or denistry is remote and obscure. Rather, since disordered metabolic events lie at the root of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity of intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Pharmacology

Professor R. Spector, Pharmacology Department

One of the greatest pleasures in being associated with medical pharmacology at the UMDS is that contact first made with students during the earliest days of the course, continues through the clinical period. This means that the staff of the pharmacology department work in close

association with (and receive academic stimulus from) our pre-clinical and clinical colleagues.

An important advantage in teaching pharmacology from the beginning of the course is that the students are immediately dealing with chemical agents which are used in the treatment of patients. The actions of such drugs can in many instances be linked with molecular events in the cell or with more gross biochemical and physiological changes. Such possibilities for intersubject integration provide a challenge for both students and academic staff.

Physiology

Professor I. Macdonald, Department of Physiology

Physiology is about living. It is a science aimed at understanding how the body works and, obviously, clinical practice is based on a sound understanding of normal body function.

It is a subject for the person who likes to think, and not for the person who is not prepared to assemble facts and make deductions from them. In this department, we aim to develop in our students an enquiring and critical approach to their studies. The B.M.S. examinations in Physiology follow this philosophy, in that about a third of the marks are allotted to the interpretation of experimental data.

This is not to imply that physiological information need not be learned. There are certain basic facts which must be known before they can be manipulated, and acquisition of these is assessed in the B.M.S. examinations by short answer quesions.

The physiology course for dental students being shorter allows less time for students to integrate their physiological knowledge. Nevertheless, the attitude of encouraging logical deductions from facts underlies the teaching.

All academic members of the Department of Physiology have medical or dental qualifications, and therefore have personal experience of the kind of problems which confront medical and dental students. Furthermore, this clinical qualification enables them to assess the relative importance of various aspects of the subject to future clinicians, and while still teaching a basic science course, to highlight those areas of most clinical relevance.

The clinical background is reflected in the research carried out by members of the Department. Active research is done in aspects of nutrition and metabolism, rehabilitation, respiration and neurophysiology, tooth eruption and jaw and tongue movements.

For those who are worthy and willing, a "hard science" course lasting nearly a year and leading to an Honours BSc can be taken after completing the BMS examinations.

Psychology

Dr. John Weinman, Senior Lecturer in Psychology

Very many clinical problems are manifested as behavioural or emotional changes and a knowledge of human behaviour and of underlying brain mechanisms provides a basis for understanding these problems. Moreover, with any clinical problem, a knowledge of the physical changes may be insufficient to appreciate why the patient is seeking help or failing to comply with, or respond to, treatment. To achieve this broader understanding of clinical problems, one needs to be able to take account of the patient with the disease, rather than the disease process in isolation. The contents of the pre-clinical psychology course are, therefore, concerned with both basic and clinically applied aspects of the subject, in order to provide a framework for understanding human behaviour in health and disease.

Sociology

Dr. D. Armstrong, Unit of Sociology Applied to Medicine

The sociological factors involved in health and disease are taught to three groups of Guy's students.

In their first clinical year, dental students receive a short course about the relationship between social factors and the attitudes and behaviour towards dental care, as well as the problems involved in the assessment and the provision for dental need.

Medical students receive a forty-hour course in the sixth term of their pre-clinical period. This is intended to stimulate thought about the social factors which affect the use of health services by members of the public, and the subsequent response to treatment. There are also discussions about the rôle of social factors in the aetiology of disease, and in the delivery of health care. Students who do well in their B.M.S. course may take advantage of a variety of course units in medical sociology for a B.Sc. degree arranged on an inter-collegiate basis.

Clinical Medicine

Dr. John Rees, Clinical Tutor

At Guy's we have introduced a clinical element into the first two years of the course. In the first year the major component is a clinical demonstration every Friday afternoon. Clinical topics are introduced, usually with suitable patients present, and the relevance of Basic Medical Sciences to the clinical condition is emphasised.

In the second year you will learn the techniques of history taking and examination with plenty of opportunity to 'get your hand on' patients in small teaching groups. A good examination technique built up during this year will leave you well placed to get the best value from your first clinical firms and the rest of your clinical career.

Expert Medical and Scientific Evidence in Court: Some Current Issues

by Stephen Cordner

Introduction

Recently public attention has been called to breakdowns in the criminal justice system, caused in part by conviction based on erroneous expert evidence. The background to the issues involved here should be of some concern to the medical profession since attendance in court for medico-legal matters is a regular responsibility for most doctors. The doctor's evidence will usually be a mixture of ordinary and expert evidence. Some recent misconceptions by experts of their role in court may help in the proper appreciation of one's responsibilities when tendering expert evidence.

The role of a witness

All litigation, whether civil or criminal, involves the court making findings of fact and applying the law to those facts. A factual situation must form the basis of every case. The factual situation is discovered from the evidence of witnesses, of which there are two types: ordinary and expert. An ordinary witness may testify only to facts which he has directly perceived. This includes giving as accurate an impression as possible of what he perceived with his own physical senses. This would include, for example, evidence to the effect that a vehicle was travelling at a very high speed or that it appeared to be out of control. This could also be called giving an opinion based on an impression, the impression being based on actual perception.

An expert witness can not only give an opinion based upon an impression, but also upon an inference. An expert witness is permitted to draw an inference from facts whereas the ordinary witness is not. Of course, the court is in no way bound to accept the inference since it is the final arbiter of facts.

To illustrate then, the doctor may function both as an ordinary and an expert witness. He may describe the appearance of certain injuries observed on a patient. As an expert, he may then infer how the injuries were caused, or what degree of disability could be expected.

Preece: The "conviction" of an expert witness

John Preece was convicted in June 1973 of the rape-murder of Mrs. Helen Will and sentenced to life imprisonment. Scientific evidence of biological fluids, hair fibres and other material linking Preece to the victim was the backbone of the prosecution. This evidence was prepared and presented by Dr. Alan Clift, a Senior Home Office Forensic Scientist. One of the most significant aspects of his evidence was that the deceased had stains on her clothing from an individual who was blood group A and a secretor. (Approximately 80% of individuals are secretors: that is, they produce significant quantities of ABH substances in saliva, seminal fluid

and vaginal secretions). Preece was blood group A and probably a secretor, but he was not asked about this by the prosecution, defence or the judge and he did not volunteer the information.

In 1977 Dr. Clift was suspended from his post following what the Home Office described as a routine control check. In 1981, following a rarely used procedure to have a case reconsidered by the court, Preece's conviction was quashed. The court found that Dr. Clift's evidence did not meet the standards appropriate for an expert witness, categorising his evidence at the trial as unreliable. This is only one of a series of cases in which Dr. Clift was involved and in which convictions have now been quashed, but it emphasises several points which should be borne in mind when giving evidence.

(a) The effect of the adversarial system on the expert

A trial is a competition: the prosecution has to prove its case, the defence tries to show that the prosecution has failed. It is easy for witnesses to get caught up in this competitive atmosphere and to be, perhaps unwittingly, a protagonist for his particular side. At the re-hearing of Preece's case, Dr. Clift stated: "Police Officers are our customers and it is the view of some senior police officers that our job is to find evidence that may contribute to police enquiries."

This is a perversion of the role of an expert, whose over-riding obligation is to the court and the more abstract notion of justice. This means that the expert witness is obliged to tender all the relevant evidence to the court, without regard to its effect on the prosecution or defence. Indeed, the oath taken on entering the witness box is to tell, amongst other things, "the whole truth".

The practical effect of this is important. The commonest situation in which doctors appear as experts relates to charges of assault where the doctor examined the victim and/or the accused. The doctor must be at pains to avoid rubber stamping a particular scenario painted for him by either the police or the participants. In both the medical examination and in giving evidence, the doctor should see himself as an agent of the court, not as a representative of the prosecution or defence.

The complications of this issue were further highlighted in the case of Dr. Leonard Arthur, a paediatrician. In 1981 he was tried for the murder of a 3 day old baby with Down's Syndrome who died of bronchopneumonia after having been given large doses of DF118 (Dihydrocodeine). This conclusion as to the cause of death was reached jointly by Professor Usher, a forensic pathologist and Professor Emery, a paediatric pathologist who both signed the *post mortem* report. Professor Emery was later retained by the defence and he proceeded to make hundreds of histological slides from the autopsy material. As a result of these investigations, he came to change his conclusion about the cause of death, preferring now to base it on some foci of calcification and fibrosis found in the brain and heart respectively. Professor Emery, on instruction from the defence lawyers, did not convey his new findings to Professor Usher who was appearing on behalf of the prosecution. As a result, when Professor Usher was in the witness box and

confronted with Professor Emery's new conclusions for the first time, he conceded that it might be correct. Since the prosecution could not prove, then, a cause of death resulting from Dr. Arthur's actions, he was acquitted of the murder charge.

This was an example of the role of the expert witness being disturbed by the adversarial system. Had Professor Usher and the prosecution known and *agreed* with Professor Emery before hand, the trial may never have taken place and Dr. Arthur's liberty put at risk. Had Professor Usher and the prosecution known and *disagreed* with Professor Emery beforehand, then the greater obligation to the court and the more abstract notion of justice would have been discharged. As it was, the defence made its point more by the shock of a surprise new conclusion of Professor Emery's than by a considered view of possibly controversial expert opinion.

(b) Opposing Counsel and expert evidence

The conduct of a trial is basically in the hands of opposing counsel, with the judge keeping a watch on the proceedings. Although one should never underestimate the grasp that barristers can have of technical and medical matters, it is hard for them to appreciate more than a small part of the large specialised area. Herein lies one of the weaknesses of the adversarial system *vis à vis* expert evidence, and which was well illustrated in Preece. The non-expert lawyer has to ensure that the expert witness fully discharges his responsibility to the court. No matter how well briefed the lawyer is, distortions of emphasis or fact easily arise. This was evident in Preece's initial trial, where the prosecutor, defence counsel and judge ALL had the opportunity to ask Dr. Clift what the blood group of the victim was and whether she was a secretor. Had they done so, Preece may never have been convicted in the first place. Dr. Clift and his supporters lay the blame at the door of the adversarial system for Preece's conviction: the information was there for the asking. My own view is that Dr. Clift's omission substantially distorted the evidence he in fact gave. However, the example does serve to illustrate that there are problems in the truth of a technical or medical proposition being tested by lawyers.

Conclusion

Doctors are probably the largest group of expert witnesses who regularly appear in court. Some idea of the responsibilities of an expert witness is essential if the doctor is to discharge his duties properly. Two recent cases are used to illustrate just some of the many problems associated with the presentation of expert evidence and its interpretation by the court.

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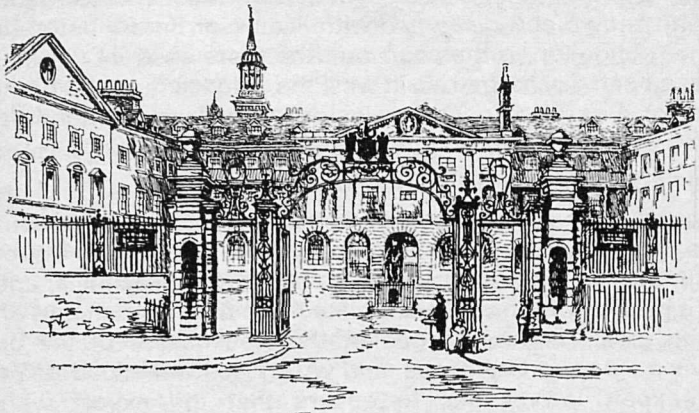

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Guy's Hospital Santa Cruz Expedition 1984 (Patron: Dr. Charles Clarke) Part One: The Kitaraju Affair

by **Hamish Gillespie**
(introduction by Ben Wyatt)

In this article, Hamish Gillespie recounts one of the many adventures we had on this summer's expedition. He describes his attempt with Tom Humphries to climb Kitaraju (6040m – just under 20,000 feet) in the Peruvian Andes.

We had intended to climb this mountain as a preparation for our main assault on Santa Cruz, which it faces. It is of a similar altitude, but technically easier to climb. All four of the team (H. Gillespie, S. Gould, T. Humphries, B. Wyatt) were to make this climb. So, after our acclimatisation period at base camp, we left early one morning (when the scree and snow we had to climb were still frozen) with high spirits and very heavy rucksacks to cross the high ridge lying between us and the approach to Kitaraju. Two days before a similar attempt had come to an abortive end when we had only found the correct route late in the day and descended to base camp in a snowstorm. But this was a new start, early and in good cheer. Three-and-a half hours later we gained the top of the pass to the Alpamayo/Kitaraju valley. For the first time we saw the Alpamayo glacier. From our height (already higher than Mt. Blanc), the glacier seemed like a churned sea, rising at its head into a steep, seemingly impassable ice-fall. The route to Kitaraju lies through the ice-fall and over the plateau beyond, past Alpamayo, to the mountain proper.

Although we had made good time to this point, we fell behind schedule when the path through the ice-fall left by Austrians some weeks previously proved longer than expected. When we eventually emerged near the top of the glacier, the sun was already setting fast and we were exhausted. While Hamish and Steve dug a hole for our small bivouac tent (intended for two), Tom and I started to cook a meal before the temperature plummeted. All four of us spent that night in the tiny tent, myself in the doorway with my legs outside in the falling snow, which accumulated 30cm in as many minutes. Our problems really began the next morning.

It had stopped snowing, but over our breakfast eaten with frozen fingers it was obvious that we had made two serious misjudgments about the climb. Firstly, it was almost certainly going to take us a day longer than we had anticipated. Secondly, although we could easily stretch our rations to this, we did not have enough gas cylinders. At this altitude adequate hydration is a recurrent problem. Most gas is used to melt snow for drinking water and only a small proportion for cooking. We had only enough to give us each 400–500ml of water over two days, our requirement being at least 2 litres each per day. On this bitterly cold morning, when snow refused to melt even *inside* my sleeping bag, we tried to work out how best to

continue the climb. To go on with so little water seemed impossible, if not dangerous. After a brief debate Stephen and myself elected to retreat rapidly to base camp leaving the remaining food and fuel to Tom and Hamish in order that they should be able to make the top of the mountain. This is where Hamish picks up the story.

Our own descent was not without event. I developed an allergic response to the sunscreen we were using which was dramatic enough to make us both wonder if I was going into anaphylactic shock. The ice-fall was not the place to find out and we sped down, disregarding the usual formalities for crossing large crevasses. Fortunately our fears were unfounded and we made a weary retreat, thinking all the time of our two friends climbing higher than any of us had climbed before.

B. W.

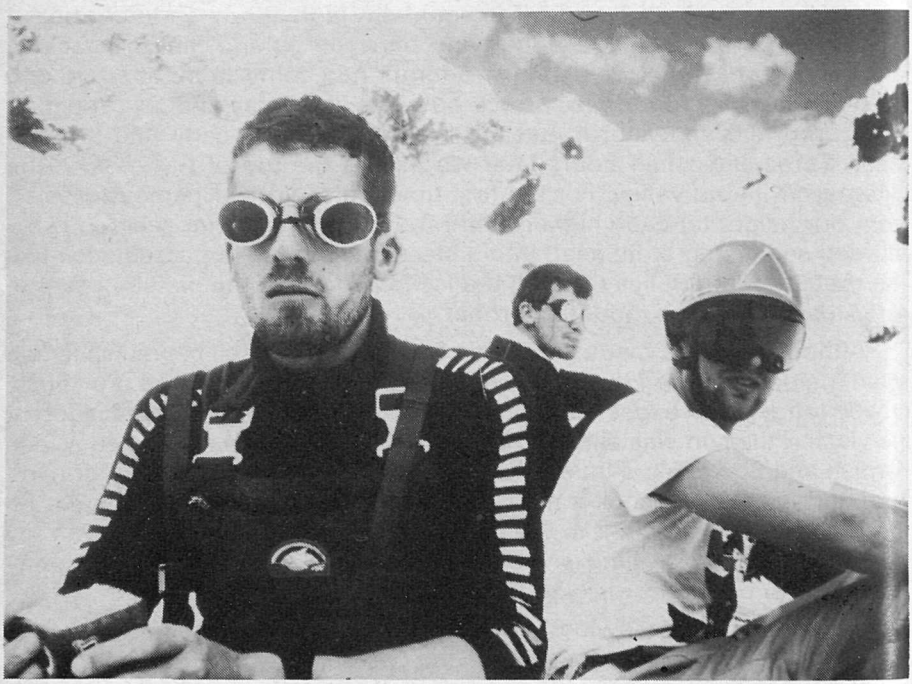


Fig. 1: The Team (less S. Gould) B. Wyatt, T. Humphries and H. Gillespie.

After Ben and Steve had left, Tom and I took a picture or two before they went out of sight. Then we debated which was the best route to take in order to cross what remained of the ice-fall and reach the plateau immediately below Kitaraju itself. It looked as if it were possible to take a direct route towards the mountain rather than make a considerable climb and detour, crossing two avalanche-prone slopes, to the left.

We packed the tent, roped up, and set off, me in the lead, Tom following about 40 feet behind. By now it was late morning. The sun had been on the snow for some hours, softening it and making the going more difficult. Despite the smooth appearance of the snow, it was not long before I put my foot through into a narrow hidden crevasse. We went on. Minutes later, I went through the snow again, this time up to my thigh. It was plainly a dangerous route. We decided to go the other way, which would be longer, but safer. On the way back, Tom put his foot into another crevasse, which I had walked over unawares.

Ahead of us Alpamayo ('the most beautiful mountain in the world') rose just under 6,000m above sea level. We had to climb a few hundred feet up its lower slopes and then turn to traverse (hurriedly) across two piles of avalanche debris and over the shoulder of Alpamayo's south-western spur. This passed without incident, and from the spur we could see two other parties ascending the col between the southern ridge of Alpamayo and the eastern ridge of Kitaraju. We had been told that the normal route up Kitaraju was this eastern ridge. Perhaps other parties had the same route in mind. We hoped not. It is always depressing following someone else upwards. In fact it turned out that they were trekking parties on their way into the next valley.

We descended towards the plateau below the northern face of Kitaraju, skirting the crevasse systems, aiming to reach a suitable campsite at a point opposite the summit, but far enough away from the base of the mountain to be safe from avalanche and snowfall.

The sky, which had been clear, began to cloud over, and as we reached the plateau, the light became diffuse, throwing no shadows to indicate the contour of the snow. It became frustratingly impossible to tell whether the ground underfoot went up or down, or stayed level, the only guide being the variation in muscular effort needed to make headway in the soft snow. Tom and I led alternately, since this was exhausting work.

After what seemed an age, we reached a suitable spot, downed packs, and pitched the tent. We decided to cook supper immediately, while enough light remained.

Over supper we discussed which route would be best for the ascent. Neither of us could make out a clear route up the east ridge (in view of later revelations this was not surprising). We opted instead for what looked an elegant and straightforward route following a natural line straight up the mountain's north face. We would ascend a steep snow couloir to the right of a broken central rock buttress, then climb leftwards over a small cornice and follow a steep snow ridge to the summit. From below the summit appeared dome-shaped. We would then use the east ridge as our descent route.

Early the next morning we set off. It was just before sunrise, the sky was clear, and the light was incredible. We moved without difficulty across the plateau up to the start of the route, moving steadily, but not fast enough to become too breathless.

The snow slope became gradually steeper, and although there was little technical difficulty, the consequences of a fall would have been serious, a fall by either climber almost inevitably meaning a free sleigh ride for both, right to the bottom. We moved, therefore, in pitches, one at a time, the length of the 150 ft. rope dictating that each should climb 300 ft., then stop and belay while the other climbed past him.

The sky began to cloud over again. By the time we reached the top of the rock buttress, the cloud had closed down over us, reducing visibility first to 100 yards, then to 50. Tom climbed the hardest snow section over the lip of the cornice, and we then continued upwards, not knowing exactly where the summit was.

Eventually I struggled up the last 100 feet. To my surprise, I found myself looking over a heavily corniced ridge. Hurriedly I scrambled down and explained to Tom what I could see, which wasn't much. We thought we must have to turn left to reach the summit, but to the left was only a continuation of the ridge we were already on. Checking the compass, we found the ridge lay roughly east-west. We *had* to be near the summit! Eventually the ridge sloped down to the east – this must be the descent route. It was getting late in the afternoon. We decided to attempt a descent.

I went first. Two minutes later I came back. Below us the snow slopes vanished into greyness. The descent looked desperate, especially in this weather. Descending the slope by which we had ascended was out of the question – we were both tired, and a slip could have been fatal. There was no choice but to bivouac for the night and descend the next morning.

Descending for 30 feet down the face, we dug a snow hole measuring about 10ft. long and 3ft. diameter, with two entrances. Tom went in and I passed our gear in to him, then cut snow slabs to cover the entrances when we were both inside. I changed my breeches which had become wet while I had been digging. We put on all available clothing (we had no sleeping bags with us) – fibrepile jacket and trousers, down duvet jacket, silk balaclava, wool hat, cagoul and overtrousers, mittens and gloves. We took off our outer boots and slept in our inner boots with our feet in each others armpits. We finished the food we had left over from lunch, with the exception of one Mars bar, which I reserved. We spent a horrible, uncomfortable night. As usual, I had a splitting headache.

At 5.00 the next morning we could stand it no longer. We packed our kit in the cramped interior of the snowhole, and Tom went out of the door at about 5.30. He took a few steps up the slope:

"Hamish!"
"Yes?"
"Guess what!"
"What?"
"We're bivvied under the summit!"

And so it was. We were about 50 ft. from the top. What had looked from below like a summit dome had in fact been a knife-edge *ridge.*

Fig. 2: Alpamayo (left of picture) and Kitaraju (right) from Camp 2 on Santa Cruz. Stephen Gould preparing for climbing.

We had a tremendous view. Below us the slope fell away 1000m. to the plateau. We could see our tent, and Alpamayo away to the north-east.

We tried again to descend the East ridge. I went first – the safest position, as Tom could belay me from above. It was delicate. The ridge was steep and thin, and the snow was of poor quality. I heard Tom shout for me to come back up. He had been thinking. The day before, we had passed some marks in the snow which we had mistaken for fracture lines. Tom had realised that they were footprints leading down and westwards. The descent route was not the east ridge, but the west! We went down the west ridge, which was a doddle. We were both very tired.

Descending to the plateau was easy and provided some spectacular scenery. We were able to get a good view of our intended route up the east ridge of Santa Cruz. It looked very hard, and we doubted whether it was a feasible route – for us, at least.

Back at the tent we found we had almost run out of gas. We used up the last of it to melt some snow – there wasn't enough to boil it. Tom had custard powder with his, and I had drinking chocolate powder with mine. Then we slept for two hours. We woke up still exhausted, and in a gambling mood. To go back down the icefall by the same route meant facing the possibility of another night out without food or water. We decided to try and find a direct route down the icefall on its western side, instead of descending the eastern edge and then still having to cross the glacier.

It worked. We got to the bottom of the icefall quickly and ascended to the pass in good time. It was dark when we reached the top and started to descend the scree slope on the far side. I could see a lamp lit in our base-camp site. I flashed my head torch at it, and got an answering series of flashes. By the time we had got to the bottom, Ben and Steve were there to meet us with hot tea and Yorkie bars.

Back at the camp I slept without waking with a headache for the first time since we had arrived at altitude . . .

H. G.

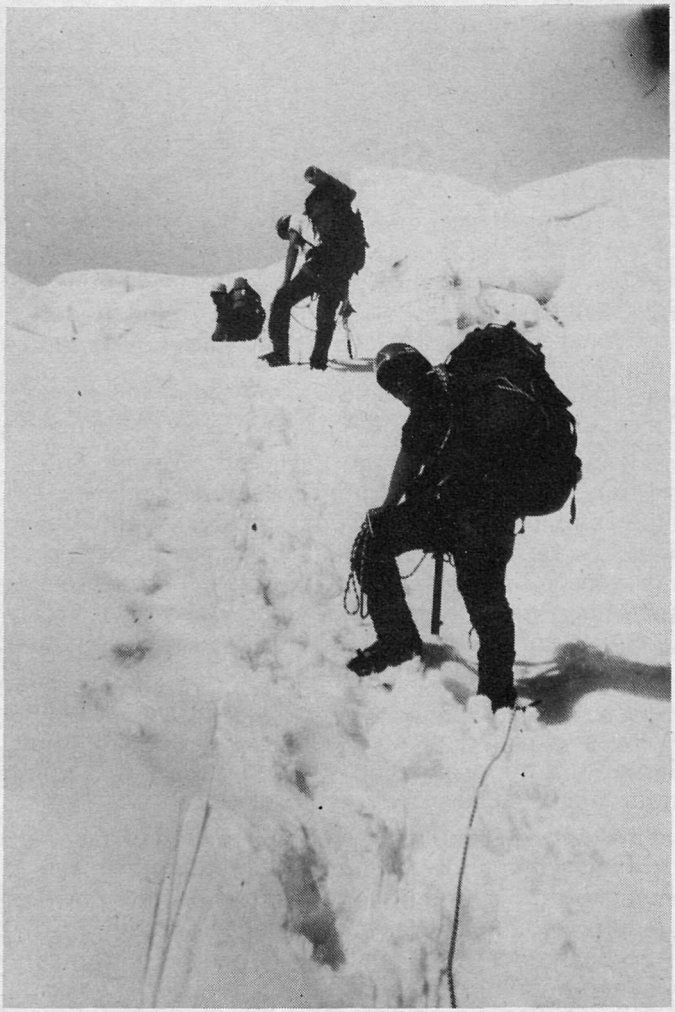


Fig. 3: In the ice-fall below Kitaraju.

Guy's Evelina Children's Hospital Appeal

by **Michael and Peter Joseph**

Attention Freshers!

Guy's is a name famous for the superb medical care and devotion given to children for over 100 years. But we now face a situation so serious that it can only be overcome by raising substantial funds.

Already 20 beds (including 4 for intensive care) are closed; it costs £40,000 to keep one intensive care cot in full operation for one year. This enables 40 babies to be treated. Is £1,000 too much value to put on a child's life? We have to refuse admission to many critically ill babies and children, and delay operations on others. "Refuse admission when there are empty beds" . . . in Britain in the 20th Century? A shrug of the shoulders with comments like "They are bound to find a cot somewhere". With tiny lives at risk due to lack of money, one is almost forced to say "What is the value of a human life in terms of cash?"

We know that this situation is highly disturbing to parents, nurses, doctors and administrators, and that we have to take urgent action now.

As Chairman of the Appeal, I very much hope that you will find time to help now that you have joined Guy's.

I would be pleased to give you any further information, should you require it, and your practical support would be greatly appreciated.

The Guy's '59 Club

1984 saw not only the failure of Orwellian prophecy, but the Silver Jubilee of a group of Guy's men and women who qualified in 1959! In 1959, under the guidance of Louise Gallagher (now Sheppard), a group of that year's graduates met and drew up the constitution of the 59 Club. The sole aim of this club was an annual dinner in London on the first Saturday in March for anyone who qualified in medicine from Guy's in 1959. The inaugural dinner was attended by thirteen members at a cost of one guinea per head (including alcoholic beverages). The tenth annual dinner, in 1969, was attended by 46 members and, as a special concession, 36 spouses. It cost £2 per head. To celebrate the 25th anniversary the Committee bent the constitution beyond recognition and on 2nd June 1984, 49 members and 33 spouses enjoyed an excellent dinner at The Burford Bridge Hotel, under Box Hill in Surrey. The cost of this dinner was nearer £20 than £2!

The 1984 59 Club Dinner was preceded by a Clinical Meeting entitled "A Quarter of a Century of Medical Progress". Nine distinguished members of the 59 Club addressed their peers on a wide range of subjects. After a Reception noted for the volume of reminiscence, John Wall discussed the pattern of litigation against doctors since 1959, and John Holmes-Smith gave us solemn warning on the recognition of child abuse. After lunch, the spouses departed for a visit to the Royal Horticultural Society Gardens at Wisley, whilst

the members listened to Paul Grob outlining the future of computers in medicine, Guy Nash being unsure that either Obstetrics or Gynaecology had actually advanced, Alec Tredre demonstrating how the Royal Air Force rehabilitates its injured and David Wright using electronic magic to improve our hearing. After a pause for tea, Dick Mindham held us enthralled with hypochondria, Peter Trott amazed us with the developing art of cytodiagnosis and Harvey Dexter left us speechless with an outline of the modern radiologist's new skills.

Dinner at the Burford Bridge Hotel lived up to the standard of the day under the eye of the 59 Club President for 1984, Clifford Harley, with stage management by the Secretary, Richard Notley. The rule of "no speeches" was waived for this special occasion to enable Theo Francis, who had made a special journey from Nigeria to be present, to speak on behalf of himself and the other overseas visitors, Bernard Binns and Andrew Mackenzie, both from Canada. A memorable 25th anniversary for the 59 Club.

R.G.N.

The London Medical Group

The L.M.G. was established in order to promote the discussion of ethical matters arising in the practice of Medicine. It is run by medical students and others from all the London Medical Schools, who organise a series of symposia and conferences. The 1984 annual conference, "The Cost of Cancer" was held at the Royal College of Surgeons, and was a huge success.

The first symposium to be held at Guy's this term, on Thursday, 11th October, is entitled "Sex Research and Sex Therapy: The Ethics of the Socially Acceptable." Everyone is very welcome to come.

Dame Cicely Saunders and Lanil de Silva (the President of the LMG) at the 1984 conference, "The Cost of Cancer".

Physiotherapy

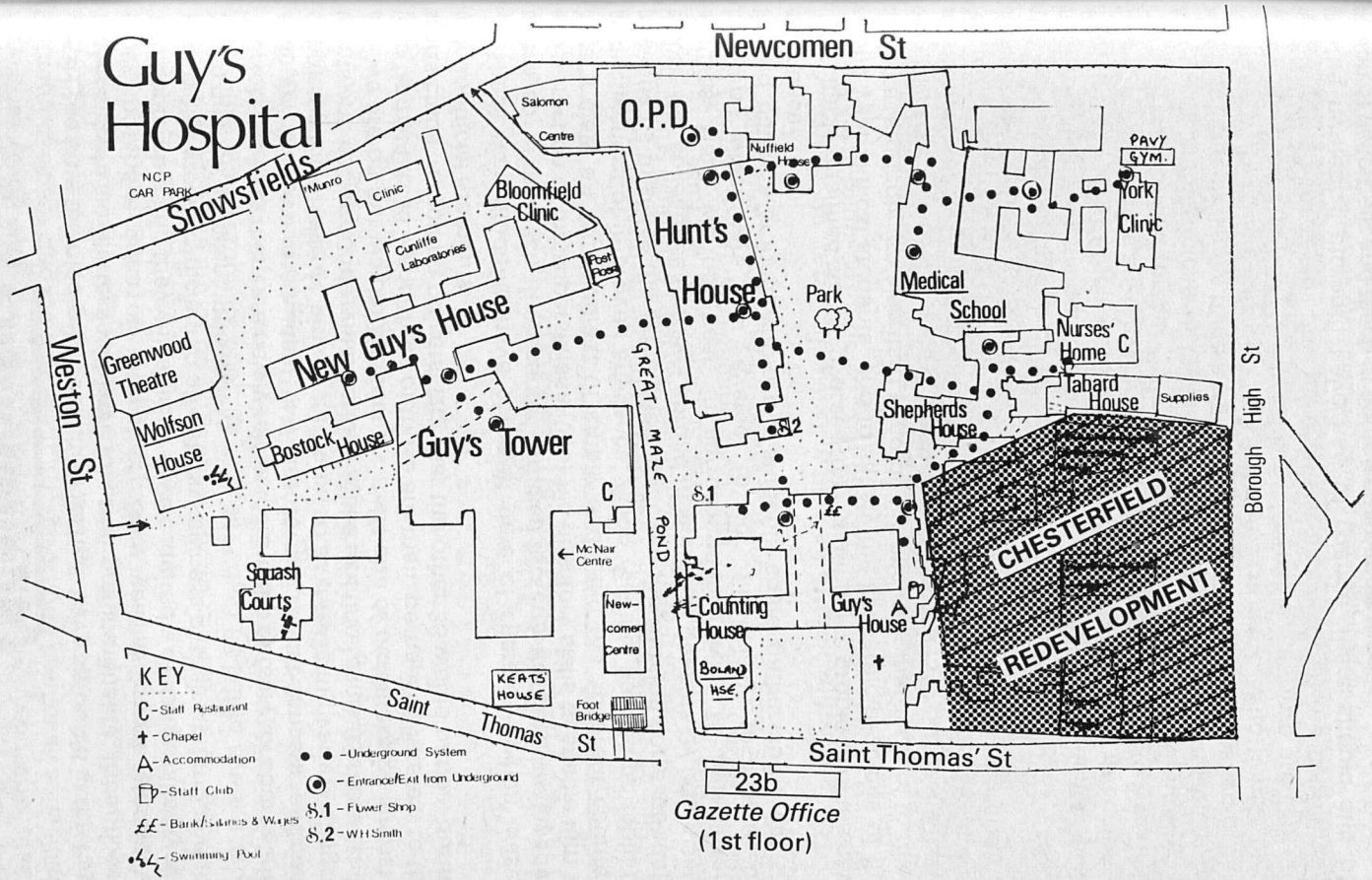
By the time the medical and dental Freshers have sprouted in the Park, this year's physio starters will have lost that pristine quality, though, one hopes, not have gone off altogether. Their year will have started on 17th September and they will already have acquired a casual familiarity and air of world-weary cynicism to off-set the newness of their uniform and the bloom on their innocent little cheeks.

Not that all of them are newly released from the nursery, of course – for example, five are graduates, two are former ballet-dancers and one completed the Coast of China marathon – so an interesting variety of ages, talents and backgrounds will be added to the existing blend. 39 there are in all – we are on our way to a reduction in the size of our intake by almost a third from 44 to 30 – and three of those are men, perhaps of interest to the sports clubs' recruiting officers. Not that the other 36 would not be, during their unofficial moments.

These new students have come at time of change – when was it otherwise? – in which the recently-surfaced Mole in the Park has needed only a fraction of the supersensitivity of his olfactory skills to enable him to place a claw on the problem of empty beds and the apparent counter-productiveness of improved efficiency. Æsop Æsthete needed no fable to persuade us to sense the same dilemma. Even the Nursing correspondent exhorts her colleagues to travel abroad in search of patients by organising electives. Have we not been in correspondence with 75 mile-distant hospitals which are not averse to, or financially incapable of, treating patients among whom our students could gather some clinical experience?

Suitably qualified staff to oversee the first tentative gropings of the new second-year clinical students, and to satisfy the academic probings of the third-year students are also hard to come by, and even harder is it, to thaw out frozen vacancies for them. Teaching staff establishment remains at subsistence level – the chronicle of gloom and depression rolls on. And yet . . . Spring occurs at an unusual time in the academic year and we do have this annual refreshment, this infusion of new, optimistic, well-motivated young people to give our flagging morale a boost. Having once in conversation with the non-classically-minded mother of a student likened this to the tribute of Athenian virgins paid to the Minotaur, I am reluctant to make too much of the analogy, but it is good for us all to be able to welcome into the Hospital and the Schools new people in their tens and hundreds. We may be getting close to realising the aim of the soured misanthrope who said that the only thing wrong with hospitals is the patients, but thankfully we are still allowed to have some students who, when they qualify, may yet find our condition eased. Thankfully, too, we are allowed some replacement senior physiotherapists. So, although the distribution and the numerical strength have had to change, there should still be enough of us to treat and teach in not too shameful a manner.

Ronald J. Cooper


Guy's Hospital
Newcomen St
Salomon Centre
O.P.D.
Nuffield House
PAVY GYM.
York Clinic
NCP CAR PARK
Snowsfields
Munro Clinic
Bloomfield Clinic
Cunliffe Laboratories
Post Room
Hunt's House
Park
Medical School
Nurses' Home
Tabard House
Supplies
Shepherds House
Weston St
Greenwood Theatre
Wolfson House
New Guy's House
Bostock House
Guy's Tower
GREAT MAZE POND
Borough High St
CHESTERFIELD REDEVELOPMENT
McNair Centre
Squash Courts
Newcomen Centre
Counting House
Guy's House
KEATS HOUSE
BOLAND HSE.
Foot Bridge
Saint Thomas St
Saint Thomas' St
23b
Gazette Office
(1st floor)
KEY
C - Staff Restaurant
† - Chapel
A - Accommodation
P - Staff Club
£ - Bank/Business & Wages
Swimming Pool
Underground System
Entrance/Exit from Underground
S.1 - Flower Shop
S.2 - W H Smith

Book Reviews

"A Primer of Medicine" by M. H. Pappworth. 5th Edn. Pp. 378. Price £19.50. Cover: S. Published by Butterworths.

This is a well known textbook, the first edition of which came out in 1960. Recently it has gained the reputation of being rather dated, but the 5th edition has undergone considerable change in an attempt to rectify this. Still there is Pappworth's didactic and idiosyncratic approach. However, I found it entertaining reading, lots of common sense, plenty to disagree with, but seldom dull.

Pappworth's personal views emerge particularly in the first five chapters. These cover history taking, ethics, approach to diagnosis, learning and teaching. There is a fight against the trend to integrate basic sciences into clinical medicine. His stand against mathematics in medicine quotes the bizarre statistic that the length of the erect penis, *Y*, is predicted from the flaccid length, *X*, by the formula $Y = 0.0095 \times 0.985X$. These chapters are expanded by the liberal use of quotations. Many would take issue with some of the views expressed, but it is a good read and worthwhile because of the valuable information on clinical examination and interpretation of clinical signs.

Some of the sections, such as auscultation of the lungs, have failed to take notice of the real advances in the last twenty years. A big change in this edition is the inclusion of over 250 black and white photographs. Many of these are very valuable, but there appeared to be a slight tendency to use up what was available: eight pairs of photographs of myxoedema before and after treatment seemed unnecessary. The captions for the photographs are printed upside down in an effort to make students look at the picture properly before seeing what the answer is. As a reviewer, I found this irritating until I became expert in reading upside down.

This is not the book to start with to learn about history taking and clinical examination. It needs some prior knowledge to interpret some of the text, and to pick up the author's individual views on some points. It would be a valuable book to read later in the course, perhaps in the second or third clinical year. There is plenty of good practical advice, much of which is difficult to find elsewhere, and you can amuse yourself by picking up the deliberate mistakes, such as the innervation of the supinator reflex or the account of pretibial myxoedema.

JOHN REES
Clinical Tutor

"Basic Care of the Injured Hand", by M. F. Macnicol and D. W. Lamb. 1st Edn. Pp. 79. Price £3.95. Cover: S. Published by Churchill Livingstone.

This little book of seventy-nine pages is short and to the point. It costs £3.95 and the authors justify writing this book on the basis that one third of all trauma cases involve the hand and that the economic consequences of hand injuries are considerable.

The text is in a series of short notes. The diagrams are useful and clear. There is an excellent chapter on history taking and examination of the hand as well as its anatomy.

One might not agree with every point made about the treatment of fractures of the hand; for instance, the management of fractured neck of fifth metacarpal, but the sections on injuries in the hand in general, is first rate. The section on antibiotics is very short, understandably, but may not be very helpful as each Accident Department has its own specific regime for hand infections and the short paragraph on anti-tetanus prophylaxis was I think, in part, unhelpful. Indications for the use of human tetanus immunoglobulin should have been included: it is of great importance to the patient as HTIg is potentially life saving. Of greater importance to any Casualty Officer using this book, is the section on regional anaesthesia and nowhere is it mentioned that for a Bier's block it is accepted medical practice in this country to have two doctors present, one to manage the tourniquet and the Lignocaine or Prilocaine that is used, and another to do the reduction. Fatalities have occurred among children in this country in the last

few years due to the fact that one doctor has been trying to do two jobs at once in an Accident Department. In addition it is no longer recommended that Lignocaine be used as the primary type of local anaesthetic for Bier's blocks, as Prilocaine is thought to be less toxic should it leak into the circulation.

Apart from these criticisms I think the book is a very useful aid to any doctor starting off as a Casualty Officer. In addition students may find it so clear and easy to read and relatively inexpensive that it is also worthwhile buying. I personally would recommend it strongly apart from the section on tetanus prophylaxis and local anaesthesia.

JOHN SPENCER
Consultant
Department of Orthopaedics

Correspondence

With Thanks

Dear Sir,

Though it is impossible to do so adequately in mere words, I wish to put on record my thanks to all concerned in the treatment of my wife, Carolyn, in Guy's during recent weeks. By their care and skill and kindness they have turned a personal nightmare into something at least bearable. To the three consultants involved I shall be forever deeply grateful. Their assistants, registrars and house officers, I salute for their cheerful ministrations and encouragement. The nursing staff on Patience Ward have excited my affection, admiration and wonder; how they can remain so everlastingly kind and personally attentive in their endless burden of tasks defeats me; they are a wonderful band of people, not forgetting the cheerful ward maids and other helpers.

In sum, all these dear people, always ready to be personally helpful, despite their obviously heavy load of work and responsibility, make me proud to be associated with Guy's Hospital, and thankful indeed that we have the good fortune of its services. I must even spare a thought for the Health Service, which makes available an excellence of medical and nursing skill and technique which could not be bought elsewhere. But of course the quality of the service is made not by administration or even the availability of machinery, but is basically due to the qualities of the men and women who deal directly with the patient. For all of them, in our personal problem, we have nothing but praise, affectionate admiration, and gratitude.

Yours faithfully,

ROGER WARWICK
55 Hall Drive
SE26

Arthur Wallis

Dear Sir,

Living 9,000 miles away, I have just received the June copy of the *Gazette*, to which I have subscribed for 44 years. I am in sorrow upon hearing of the loss of the intelligent office assistant by the name of Arthur Wallis.

Arthur was a sharp-eyed man with a first class memory, and those who frequented the medical school office would remember his helpful, co-operative face. At the time of his retirement, learned from the *Gazette*, I sent a small contribution of no significance to the office. And when I flew in from 9,000 miles to join the Commemorative Dinner, May 1976, in spite of my grey hair (qualified 1941), he got up from his table to come to thank me for the small contribution.

He probably remembered my initial, and my good or bad behaviour too, in the student days.

My sincere condolences to Winifred.

Yours faithfully,

SMARN MUNTARBHORN
Professor of Surgery
Bangkok

The Guy's Person?

Dear Sir

Year after year we read with admiration the impressive list in the *Gazette* of Papers by Guy's Men.

Please, Sir, what has happened to all the papers published by Guy's Women?

Yours faithfully,

(Mrs.) J. L. DILLISTONE
née Popert
5a Cumberland Street
SW1

Sport

Introduction

Welcome new Guy's men and women to clubs that are old; we hope you will keep them when we have passed on!

Once again it is time to greet the new intake of students and to introduce them to this major part of life at Guy's. On arrival it may seem to some that the clubs are very exclusive organisations open only to those wishing to put their whole education at risk for the reward of fame in these pages. Yet generations of students have discovered that the only way to keep the mind prim and the body trim is to participate in some aspect of the sporting life at Guy's. The choice is phenomenal with opportunities existing to participate at any desired level.

So, new brothers and sisters, take up the challenge at the Freshers' Fair and Sports trials, remembering that to participate is more important than to win. Some of you will soon achieve notoriety in these columns, but the great majority will simply benefit from the companionship and healthy lifestyle offered by the various sports clubs.

W.Z.

GUY'S HOSPITAL CRICKET CLUB SEASON REPORT – 1984

As the nights draw in and British Summertime approaches its close, one can cast one's mind back over a summer which, although ultimately disappointing with a narrow defeat in the UH Cup Final, can be said to have been extremely satisfying to anyone who has associated themselves with G.H.C.C. during the season.

The playing record speaks for itself with 13 wins and only 3 defeats out of 24 matches. The Cup Run was the most remarkable sequence of matches I have ever experienced for the tenseness of the finishes, the partisan Guy's crowds at HOP and some notable performances, usually cruelly reserved for the last over, by Guy's players. It would seem pointless to systematically run through the games played, rather, I will parallel *Wisden* in introducing 'Five Cricketers of the Year'.

TOM BRINK – My, and most others', 'Player of the Year'. With nine fifties and 869 runs in 21 innings, his batting was, to say the least, prodigious. Playing with an immaculately straight bat and immense power he caned bowling attacks throughout London, and his catching in the gully and elsewhere was the highspot of the season's fielding. His batting was especially admirable under pressure in the Cup games where he held the batting together on three occasions. Indeed, in the semi-final and final he batted through 118 overs for once out and 158 runs. He is undoubtedly a player of class, and if he can perfect his technique to the ball pitched up on leg stump he will move up a further rung on the batting ladder. If Tom is elected to the captaincy, as I hope he will be next season, I wish him luck and look forward to playing under him.

CHRIS POCOCK – "A season of two-halves, Brian" would be fair in describing Pocock's season. His batting upstaged even the prodigious Brink over the first few games, and his bowling in the early part of the season reaped rich rewards. The second half of the season saw him less prolific in both departments, but with no noticeable effect on team results. There are two apparent reasons for this: on the batting front the presence of Brink at No. 3 took the pressure off batsmen that followed; and the return of Cranston in bowling form from elective filled his 'third seamer' bowling department. However, with two career-best performances for Guy's this season – 105* v. Carnegie and 6–44 v. Chislehurst and West Kent, he can be well satisfied with the season.

MATTHEW DAVIES – One of my two 'Finds of the Season'. Davies, who had not played serious cricket for three years, proved to be a valuable asset to the side, none more so than in the UH Cup semi-final. As a steadily improving wicket-keeper and as an otherwise fine fielder, he was a loyal and keen member of the side. He also matured into a useful batsman and was indeed the fourth highest run scorer. The highlight of his season was a spectacular

innings of 70 in the Past v. Present match when the Present looked likely to be beaten. We will have to look no further than Matthew Davies for a wicket-keeper and middle-order batsman next season.

GAVIN SHANNON – The other 'Find of the Season'. Shannon steadily improved throughout the season to end up bowling more overs than anyone else and as second highest wicket taker. By the end of the season he had developed into an opening bowler of some pace and accuracy, with the ability to bowl the late in-swinging Yorker which accounted for many an accomplished batsman this season. Shannon regularly took one or two early wickets and was often instrumental in removing the tail. He is no mean late-order batsman as was shown by his match-winning contribution at No. 11 in the Cup-Semi. I wish Gavin the best of luck in the retakes he has just completed and hope to see him as a regular member of next year's side.

IAIN CRANSTON – Cranston managed to pip Masani for the fifth place by virtue of his superb form with the ball in the second half of the season resulting in him topping the bowling averages. Unfortunately, he had a most disappointing season with the bat which, for a player of such proven class is inexplicable. I look forward next season to Iain regaining his batting prowess and regularly occupying the No. 4 spot which is rightfully his.

Two other players deserve special mention. Navroz Masani finished as third highest run scorer, but was unable to maintain his consistent early form. However, with his catching at short leg and his otherwise excellent fielding, he will again be a valuable member of next year's side. Alex Williams was a dedicated member of the side when the telling hours of a casualty officer allowed him to appear. I thank him for his continuing commitment to Guy's after seven years.

Useful contributions and regular appearances were made by Hyder, Jolliffe, King and W. Zbrzezniak, but no others made more than 7 out of 24 appearances. In all 43 players represented the 1st 'XI' this season, 19 less than last season – a significant fact with regards to this year's improved results in that a steadier side and a larger degree of team spirit aided greatly the success of the side. A disappointing aspect was that no regular fresher cricketers appeared – I hope that this year's intake will remedy this.

Finally, I thank all those 'non-cricketers' who turned out at short notice during various stages of the season. Thanks also to Dr. Scott, our President, and the Silhouettes, particularly John Rees, Ian Leonard, Bleddyn Jones, Greg Dargan and of course Alex Williams who has already been mentioned, for their support during the season. Last, but by no means least, I thank Eric and Joyce Dann for their enthusiasm towards, and support for, the Cricket Club during the season, as well as making HOP a most pleasureable place to play.

Good luck to next year's captain and see you all at the 1985 UH Cup Final.

DIVER'S BOOTS

EPILOGUE

As is commonly the case, the captain's seasonal report is followed by a polite postscript telling of the modesty of the captain and the understatement of his own contributions. However, all concerned with G.H.C.C. in 1984 would confirm that there is no insincerity involved on this occasion, and that the successes referred to in this *Gazette* and earlier editions can be traced back to the driving force behind them, namely Chris Pocock. Chris has a remarkable understanding of the game which enables his attitude to blend with the responsibilities of captaincy in such a way as to allow his cohorts to do battle in a serenely untroubled atmosphere. Warmest thanks to him on behalf of everybody.

TOMM

AVERAGES SEASON 1984

Match Record: Played 24, Won 13, Drawn 7, Lost 3, No Result 1.

Batting – Qualification 5 innings

	I	No	Runs	HS	Avge	50s	100s
Brink	21	6	869	94	57.93	9	–
Pocock	22	5	608	105*	35.76	2	1
Hyder	7	3	83	54*	20.75	1	–
McGuckin	6	2	83	40*	20.75	1	–
Jolliffe	7	1	120	31	20.00	–	–
Davies	17	3	247	70	17.64	1	–
Masani	16	1	264	43	17.60	–	–
King	7	–	119	56	17.00	1	–
Shannon	11	6	80	25	16.00	–	–
Williams	7	1	96	24	16.00	–	–
Cranston	12	1	128	38	11.64	–	–
Zbrzezniak	13	–	76	30	5.85	–	–

Also Batted: Rees 14,12,6,4; Tunnadine 0,102*, 0,11; Jani 0,21*, 15; Russell 19, 7, 24; Carruthers 9. 0. 1*; B. Jones 4, 3, 0; Seevaratnam 18*, 6, 30*; Guppy 5, 6*, 0; Leonard 6, 1; Purwar 0, 0; Black 5, 0; Mellor 0*; Tucker 1*; Ward 0; Dargan 0; Dewji 15; Murch 8; A. Jones 14;Gardner 0; Holland 0*; Popplewell 7; Parvez 19, 9*

Bowling – Qualification 5 wickets

	Overs	M	Runs	Wkts	Avge	BB	5WI
Cranston	111.5	26	311	28	11.11	5–37	1
Dargan	43	9	139	10	13.90	4–11	–
Tucker	36.3	7	105	7	15.00	4–39	–
King	106	27	282	17	16.59	4–29	–
Pocock	181.5	37	618	36	17.16	6–44	1
Williams	141.5	31	413	24	17.21	4–38	–
Shannon	187.3	40	654	32	20.44	5–33	2
Tunnadine	56	8	179	6	29.83	2–41	–
Jani	36	6	154	5	30.80	3–24	–

Also Bowled: Brink 36-6-121-2; Mohan 20-1-93-4; Bhupal 9-0-50-2; Ward 12-6-13-1; Black 4-0-27-0; Davies 0.2–0-1-1; Smith 3.5-1-8-3

Catches

12 Brink, Masani; 10 Davies; 7 Pocock; 6 Hyder; 4 Leonard; 3 Shannon, Tunnadine, Williams, King, McGuckin; 2 Carruthers, Jolliffe, Cranston, Jani; 1 Russell, Gardner, Mohan, Rees, Tucker, Murch, W. Zbrzezniak, Hackett, A. Jones, Smith

Appearances

24 Pocock; 22 Davies; 21 Brink, Shannon; 17 Masani; 14 Cranston; 13 W. Zbrzezniak; 11 Williams; 10 Hyder; 9 King; 7 Mohan, Jolliffe; 6 Jani, Russell, McGucking; 5 Carruthers, Black; 4 Dargan, Tucker, B. Jones, Leonard, Rees, Tunnadine; 3 Gardner, Guppy, Martin, A. Jones; 2 Bhupal, Dewji, Marchbank, Murch, Hackett, Purwar, Parvez; 1 Mellor, Thomason, Ward, Beck, Lobo, Popplewell, Holland, Slater, Smith.

GUY'S HOSPITAL CYCLING CLUB

It was with a great deal of excitement that we waited on London Bridge Station for the Social Secretary to arrive for the first trip of the Cycling Club since it was refounded, earlier in the year. We did wait a while, at least until two minutes after our train pulled out of the station! Hence we decided the only course of action was to go to MacDonalds for breakfast.

Having, as if by magic, reached Tonbridge, we set off on the business of the day. We cycled north out of Tonbridge and then turned west, to reach Chidingstone, a village where the druids could take their wives out to a village stone and chide them (a good thing too). We then went on and through Hever, stopping to look at the castle. Soon we got lost, so we returned to Hever and tried again, heading south. For lunch we stopped at a small pub for an hour or so. We then headed on to the south of Tunbridge Wells, before branching east. At this point, the intrepid Captain's trusty tandem broke a spoke and buckled the rear wheel; with some clever engineering skill the wheel was re-rigged, and we limped into Tunbridge Wells for cream tea in the Pantiles. A good day, and an enjoyable time was had by all.

London Bridge Cycles now offers 10% discount on servicing and parts and 5% discount on new bikes to members of Guy's Cycling Club. They are a good reliable, helpful shop and don't sell you anything you don't need. If you wish to join the club please come and see me.

S. R. Fisher
Captain

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 17th and November 14th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

The Medical School, 1947	**Size 15″ × 12″**	**£7.00**
The Main Entrance, 1946	**Size 15″ × 12″**	**£7.00**
The Park, 1946	**Size 15″ × 12″**	**£7.00**
Hunt's House, 1948	**Size 15″ × 12″**	**£7.00**
The "Ship and Shovel", 1912	**Size 10″ × 8″**	**£3.50**
The Quadrangle, 1925	**Size 10″ × 8″**	**£3.50**

ORDER FORM

Name .....

Address .....

.....

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The Medical School		
The Main Entrance		
The Park		
Hunt's House		
The "Ship and Shovel"		
The Quadrangle		

TOTAL _____

To: The Manager, *Guy's Gazette*, 23b St. Thomas' Street, Guy's Hospital, SE1 9RT. Tel.: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday 9 a.m. – 5 p.m.

Hospital Information

NEW INTAKE 1984

MEDICAL STUDENTS

AHMED, Mr. Saif Uddin – Ashville College, Harrogate, N. Yorks.
ALDERSON, Mr. David John – King's School, Worcester.
ANDREWS, Mr. Stephen John – St. Dunstan's College, SE6.
AUGUST, Mr. Paul Nordstorm – Stanford University, Califronia, USA and Davies's College, WC1.
BAILEY, Mr. David Martin – Mountbatten School, Hemel Hempstead, Herts.
BAIRD, Mr. Alan Robert – Kent College, Canterbury.
BARBOUR, Mr. Boris James – Banbury School.
BEARDMORE, Mr. Charles Edward – Colston's School, Bristol.
BHANSALI, Miss Shobna Jean – Alton College, Hants.
BLACK, Mr. Andrew James Merrington – Ratcliffe College, Syston, Leics.
BLAIR, Mr. Robert Alan – The Grammar School, Guildford, Surrey.
BROWN, Miss Andrea Lee – Sutton High School for Girls.
BROWN, Mr. Richard Nicholas – Tonbridge School.
BUTLER, Mr. Gregory – Derby School.
BUTT, Miss Nicola Jane – Dover Grammar School for Girls.
CAMPION, Miss Johanna Margaret – St. Anne's Comprehensive School, Southampton.
CHAN, Miss Eve Yu Shein – St. Paul's Girls' School, W6.
CHAUHAN, Mr. Devinder – Lampton School, Hounslow, Middlesex.
CHEAH, Mr. Edson Kit Leng – Seaford College, Petworth, W. Sussex.
CHENG, Mr. Gerald Cheuk Wai – Epsom College.
CHIVERTON, Mr. Neil – Poole Grammar School.
CLARK, Mr. Jonathan – Judd School, Tonbridge, Kent.
CLEARE, Mr. Anthony James – King James' College, Henley, Oxon.
COCKAYNE, Miss Sarah Elizabeth – Ipswich High School.
COONAR, Mr. Aman Singh – Haberdashers' Aske's School for Boys, Elstree, Herts.
CROWTHER, Mr. Simon David – Bedford Modern School.
DAVIES, Mr. Michael Morgan – Radyr Comprehensive School, Cardiff.
FARRELL, Miss Una – St. Joseph's Convent School, Kenilworth, Warks.
FEWINGS, Mr. Paul Edward – Exeter School.
FOLEY, Mr. Stephen John – Itchen College, Southampton.
FRIMPONG-ANSAH, Mr. Kwabena Nana - Cheltenham College.
GARDNER, Mr. James Edward – Tonbridge School.
GARRETT, Mr. Brett Geoffrey Brian – Eastbourne VIth Form College.
GAUTAMA, Mr. Sanjay – Forest School, E17.
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GILLHAM, Mr. Michael James – St. Joseph's College, SE19.
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ILSLEY, Miss Joanne Elizabeth – Cowbridge School, S. Glamorgan.
JEPSON – Mr. Simon Richard – Reading Blue Coat School.
JONES, Mr. Michael John – St. Richard Gwyn High School, Flint.
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KILLICK, Miss Caroline Jane – Oxted County School, Surrey.
KORIA, Mr. Rakesh – Queen's Comprehensive School, Newport, Gwent.
KURBAAN, Mr. Arvinder Singh – Featherstone High School, Southall, Middlesex.
LEES, Mr. Christoph – Ryde School, Isle of Wight.
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MATHER, Miss Diana Charlotte – Haywards Heath VIth Form College and Crawley College of Technology.
MEADER, Miss Harriet Louise – S. Wilts Grammar School for Girls, Salisbury and Salisbury College of Technology.
MEDHURST, Miss Joanne – Chislehurst and Sidcup Grammar School.
MEHTA, Mr. Dheeraj – St. Dunstan's College, SE6.
MEILAK, Mr. Andrew Anthony – St. Mary and St. Joseph's R.C. School, Sidcup.
MEILNIK, Miss Grazyna Anna – Holy Trinity Convent, Bromley, Kent.
MISTLIN, Mr. Alan – Dauntsey's School, Devizes, Wilts.
MORGAN, Mr. Mark Blond Fraser – Kingswood School, Bath.
MURRAY, Mr. Robert Douglas – Wilmington Grammar School, Dartford, Kent.
NESOM, Miss Beverley Helen – Baston School, Bromley, Kent.
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PATEL, Mr. Nital Chandrakant – Chislehurst and Sidcup Grammar School.
PATEL, Mr. Nikhil Raman – Manchester Grammar School.
PLACE, Miss Christa Elizabeth – Wakefield Girls' High School.
PORTER, Mr. Andrew Charles – King Edward's School, Bath.
PUGH, Mr. Charles Alexander – Portsmouth Grammar School.
PURSSELL, Mr. Neville Richard – Radley College, Abingdon, Oxon and Corpus Christi College, Cambridge.
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ROSS, Mr. Paul Jonathan – Westminster School, SW1.
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SCREENE, Mr. Keith Joseph – St. Columba's College, St. Albans, Herts.
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SHEERIN, Mr. Neil Stephen – Coventry School.
SIDDIQI, Mr. Naveed Iqbal – Harrow School.
SIMONS, Mr. Adrian William – Highgate School, N6.
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STEEL, Mr. James Roger – Highgate School, N6.
STOKER, Mr. Nigel Richard Brandon – Silcoates School, nr. Wakefield, W. Yorks.
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TERRY, Miss Anne Elizabeth – St. Anne's School, Windermere, Cumbria.
THOMPSON, Mr. Andrew Maurice – Poole Grammar School.
THOMSON, Mr. Neil Stewart – Bradfield College, Berks. and d'Overbroeck's Tutorial College, Oxford.
TIGG, Miss Alison – Clarendon House Grammar School for Girls, Ramsgate, Kent.
TING, Mr. Philip Yuen Cho – Epsom College.
TRAVIS, Mr. Michael John – Culford School, Bury St. Edmunds, Suffolk.
TUFAIL, Mr. Adnan – Cardiff High School.
TURNER, Mr. Gordon – Writhlington Comprehensive School, Bath.
TURPIN, Mr. David Frank – Whitgift School, Croydon, Surrey.
VOWLES, Mr. Richard Henry – Kingswood School, Bath.
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WARD, Mr. Peter Dominic – de la Salle College, Jersey.
WATERS, Mr. Mark Andrew – Verulam School, St. Albans, Herts.
WESTBROOK, Mr. Mark Andrew – Hastings Grammar School.
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WHITEHOUSE, Mr. Nigel John – Thomas Rotherham VIth Form College, Rotherham, S. Yorks and Guy's Hospital Dental School.
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FARRELL, Miss Elizabeth Anita – Seafield Convent Grammar School, and Christ Church, Oxford.
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MACKENZIE, Mr. Peter William – Aylesbury Grammar School and Magdalene College, Cambridge.
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MUNRO-FAURE, Miss Sarah Gillian – Convent of the Sacred Heart, Woldingham, and St. Hilda's College, Oxford.
RAMSEY , Miss Marianne Clare – County High School for Girls, Chelmsford, and Newnham College, Cambridge.
SELL, Miss Louise Ann – The High School for Girls, Slough, and Girton College, Cambridge.
STEBBING, Mr. John French – Dulwich College; Harvard School, California, and St. John's College, Cambridge.
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BAKER, Miss Rachel Ann – Sutton High School and NE Surrey College of Technology.
BARHAM, Miss Judith Helen – Kelly College, Tavistock, Devon.
BATE, Miss Anna-Louise – Upper Chine School, Isle of Wight.
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O'REGAN, Miss Fiona Carolyn – St. Peter's School, Bournemouth.
OSBORNE, Miss Kerry Lyn – Highworth School for Girls, Ashford, Kent.
OSMAN, Miss Sabeena Razzak – Acton Technical College, W3.
OWERS, Miss Hayley Nicola – Clarendon House Grammar School, Ramsgate, Kent.
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PATEL, Miss Deepti Prafulchandra – William Gladstone High School, NW2.
PEGG – Mr. James Christopher Harry – Nottingham High School and People's College of Further Education, Nottingham.
POWELL, Mr. Keir – Chipping Sodbury School.
READ-WARD, Mr. George Earl – Winchester College.
ROSE, Mr. Anthony Ivor George – Stanway School, Colchester, Essex.
SCADENG, Mr. Roger – St. George's College, Weybridge and Kingston College of Further Education.
SCANLAN, Mr. Paul James – Colfe's School, SE12.
SCARR, Miss Barbara Clare – Sydenham High School, SE26.
SEMUS, Mr. Paul Daniel – University College School, NW3 and Marsden Tutors, W14.
SILVEY, Miss Carolina Anita – Queen Elizabeth's Girls' School, Barnet, Herts.
SINGH, Mr. Kevin Shastri Persad – Naparima College, San Fernando, Trinidad.
SMALL, Miss Simone Virginia Jane – Heathfield School, Pinner, Middlesex and Hendon College of Further Education.
SPENCER, Miss Deborah Maria – St. Angela's R.C. School for Girls, N13.
SZPOJNAROWICZ, Mr. Andrew Peter – Gunnersbury Catholic School for Boys, Brentford, Middlesex.
TAYLOR, Mr. Jonathan Paul – Richard Huish College, Taunton, Somerset.
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WICKENDEN, Mr. Andrew Kenneth – Royal Grammar School, Guildford, Surrey.
WILLSON, Miss Elizabeth Mary – Redbridge Technical College, Romford, Essex.
WOODWARD, Miss Jan – Ebbw Vale Senior Comprehensive School, Gwent.

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517.

ENGAGEMENT

TAYLOR – Dr. David Robert (Cambridge/Guy's 1978–1981) is to marry Miss JACQUELINE MARY ALLAN, who trained and worked at Guy's as a nurse. She is the daughter of Dr. and Mrs. Michael Allan, who are both Guy's trained, and the ceremony is to take place on October 6th at the Church of Saint Peter in Winchester. All their many friends would like to wish them every success and happiness.

DEATHS

CHARD – Dr. J. D. Dickson, died after a short illness on 28th August. General Practitioner practising at Durrington Health Centre, Worthing, Sussex. Trained at Selwyn College Cambridge and Guy's Hospital London. M.A Camb., M.B.B., Chir., M.R.C.S. Eng., L.R.C.P. Lond. He leaves a widow Margaret, and five children, Christopher, Nicholas, Michael, Elizabeth and Gill.

CAMPION – Peter. C.S. L.D.S., R.C.S., Eng. on 6th July 1984 in Australia. He will be greatly missed by family, friends and his many patients.

THOMAS – On 7th August, 1984. After a brief illness, Henry Anthony Thomas. M.R.C.S., L.R.C.P. (1940) F.R.C.G.P., Fellow of B.M.A. late General Practitioner in Cardiff.

HOPS – On 20th August, 1984. Ten days before his eighty-third birthday, Kenneth Tait Hops, B.Sc., L.D.S., R.C.S., Eng. (qualified Guy's 1926). He leaves a widow, Hannie, a daughter, four grandchildren and four great-grandchildren. He will be greatly missed by all privileged to know this wonderful man.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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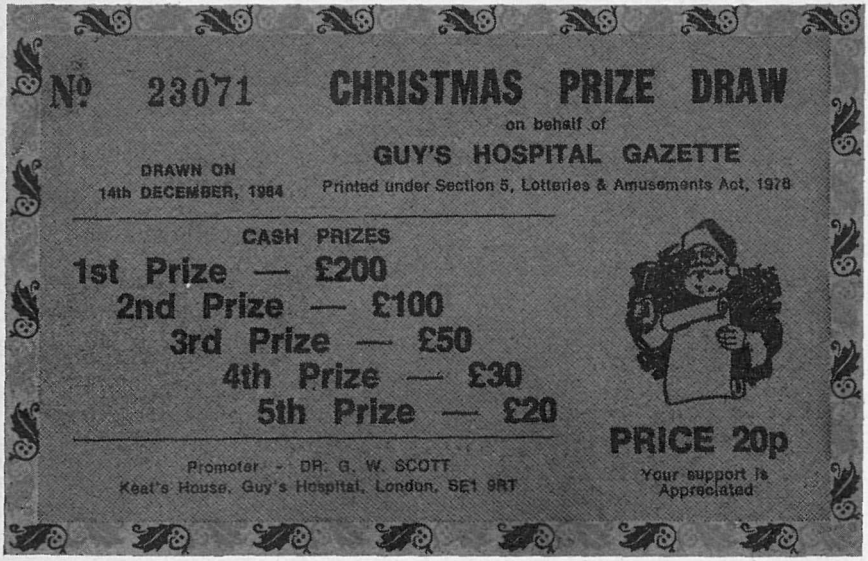
Guy's Gazette Christmas Raffle



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Security

When one goes to the bar in Boland House, or to a party in the Ballroom, tradition dictates that one must expect a level of rowdiness, and the occasional punchy student who cannot cope with his beer. However, over the last few months, a far more insidious threat to our enjoyment of the facilities at Guy's has emerged.

During Freshers' Week, a medical student was slashed across the shoulder at a party in the Ballroom by an outsider who had broken the end off a bottle to use it as a weapon. The student required twenty-four stitches. More recently, Millwall football supporters have come down to the bar, bringing their own inimitable style of thuggery; they have attacked our students on several occasions, once arming themselves with iron bars and bricks. At another party, a cannister of riot control gas was let off, resulting in uproar as people ran out with their eyes streaming and fighting for breath.

It is quite unreasonable that we should not feel safe to attend functions at the hospital, or to go to the bar at weekends, in case there is trouble. This is particularly true for the female students, most of whom are reluctant to go to the bar at the best of times. Guy's is in a rough part of London, and the attraction of very cheap beer and many attractive women is obviously too great for the local gentry to resist, particularly as security is so appallingly lax.

It is easy to blame the barmen. In theory they should demand Union Membership Cards, but this is difficult when the bar is very crowded, and it is easy to be intimidated if a lot of outsiders arrive all at once. The hospital's own security can be called, but they are almost invariably belligerent, and also insist on calling out the Police, no matter how minor the incident.

The *Gazette* suggests the following measures:

Firstly, uninvited outsiders must be prevented from gaining access to the bar and student functions. Having students as bouncers on the door is obviously ineffectual, and it is an unpleasant, thankless task. In any case, most bouncers have sloped off before the end of the event, naturally enough to enjoy themselves, which is when the trouble-makers usually arrive.

Secondly, incidents where the perpetrators are known to be students at Guy's, must be dealt with severely by the necessary authorities. At a medical and dental school, we must expect a certain inexactitude of self-discipline, but an act which ruins everybody's evening and is actually dangerous is evidently totally unacceptable.

Unfortunately, it would appear that it is now the time for a security device, such as the one at Wolfson House, to be installed at the entrance to Boland House, in addition to having much tighter controls on those entering the building to attend functions – everybody having to produce their card, bouncers on the door all evening and stern penalties for students who abuse the system.

Although these measures would be unpopular, and would be a sad event in the history of the hospital, things are now out of hand and something must be done – soon.

News in Brief

Gazette Christmas Raffle

We have had an encouraging response to our raffle so far. However, there are many stubs which have not yet been returned – they should be returned to us by 10th December, if possible, and certainly by 14th December, which is when the draw will take place.

Once again, thank you for supporting the *Gazette* in this way. If you require further supplies of tickets, please write or telephone us and we will despatch them immediately.

Friends' Christmas Stall

The customary Christmas Stall will be run by The Friends of Guy's Hospital in the Colonnade from 3rd to 7th December, 1984. It will be open from 11 a.m. to 3 p.m., Monday to Friday for one week or as long as stocks last.

They hope to have as wide a variety of goods for sale as possible including certain foodstuffs.

Gifts for sale and offers of help will be most welcome.

Please contact: Mrs. M. McGlone, Honorary Secretary, Services Branch, Friends of Guy's, 23B St. Thomas Street, London SE1.

Guy's Hospital Fencing Club

Guy's Fencing Club resumes fencing this November and we would welcome any prospective fencers – novice to "professional" – Fresher or not – to join us for expert coaching in the Pavy Gymnasium.

All equipment will be provided by the club which can be reached *via* the Boland House pigeon holes.

Front Cover

This month's front cover shows Ratty's view of the Plane tree from the River bank. – see The Mole Report, page 382.

Dean's Party

The farewell party for Dr. J. C. Houston, the retiring Dean, was held on 27th September in the beautifully refurbished Ballroom.

Many Guy's people were there, from students to Dr. Brain, who taught organic chemistry to our senior chest physician.

Professor Clark, the new Dean, presented Dr. Houston with a set of golf clubs, and Mrs. Houston received a set of salt and pepper mills, made with wood from the original Guy's House floor, and beautifully finished in silver by Dr. Mike Hutchinson.

On display was the portrait of the Dean, which will hang in the medical school.

Livening up the evening were bagpipes and the Guy's Cantata Choir.

The evening went extremely well, and was most enjoyable. Special thanks must go to Mr Bompas, whose organisational skill stuns everybody. Well done, too, to the charming ladies of the "Spit", who were almost unrecognisable in their new uniform.

Dr. and Mrs. George Huston leave to accompaniment from the bagpipes

Dean of the United Medical and Dental Schools

Dr. Brian Creamer, St. Thomas' Hospital, was appointed Dean of the U.M.D.S. on the retirement of Dr. J. C. Houston. Professor T. Clark is Dean of the Guy's Campus.

Dr. Brian Creamer, M.D., F.R.C.P.

Gazette Christmas Shopping List

This year, we are pleased to announce several additions to the range of gifts we have suitable for Christmas presents. In particular, there are pewter tankards and goblets, engraved with the Guy's Hospital crest, as well as playing cards in a crested, leather case.

As usual, we continue to sell Christmas cards, shields, keyrings, prints and credit card holders.

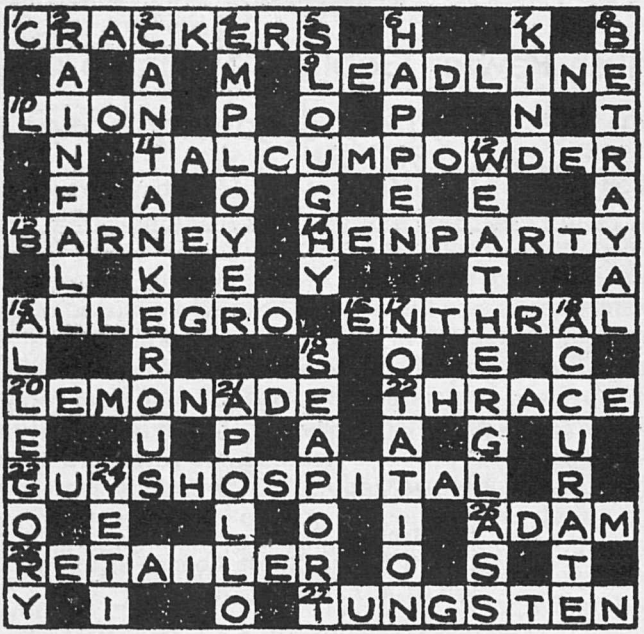
All these are now available by post and to personal callers. See individual advertisements for details.

Guy's Association for Renal Patients

The Physiotherapy School Charity Ball Committee would like to thank the seventeen physios and seven medics who braved the streets of Southwark with three legs for the sponsored Pub Crawl. £270 was raised in the collecting tins alone; this figure will be larger once the sponsor money has been collected.

All the proceeds of the event will go to G.A.R.P.

The Times Crossword Puzzle No 16,543



ACROSS

23 But dolls, too, can be treated here! (4,8)

(Reprinted, with permission, from The Times, *September 24th, 1984.)*

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Obituaries

P. J. Dwyer, M.B.B.S., F.R.C.O.G.

P. J. (Paddy) Dwyer died in East Kent on 1st April, 1984 at the age of 61 after a long illness which forced an early retirement from his post as Consultant Obstetrician and Gynaecologist to the Canterbury and Thanet Hospitals.

Paddy was the absolute epitome of a medical student – dashing good looks, fun-loving and a great sportsman. He came up to Guy's from St. Edmund's College, Ware in 1940 and became a prominent member of the 1st XV and of the Tennis VI. An H.S. appointment at Pembury, Resident Obstetrician and G.U. House Surgeon at Guy's led him to specialise in Obstetrics. After Registrarships at Ipswich, Guy's and Farnborough he obtained his Consultant post in East Kent. He was elected F.R.C.O.G. in 1969.

Paddy was a devout Catholic. His care and complete concern for his patients was unsurpassed, as was his technical ability. He found all that he required in life in the depths of East Kent – his work, his family, his golf and his shooting. This meant that he rarely left these parts and his friends were required to search him out; but in doing so they were given the warmest of welcomes by his wife Beryl and himself.

I and many others have lost a good friend. He is survived by Beryl and his children Rogan and Fenella.

E. M. N.

G. E. Glazebrook

It is with great sadness that I have to report that George died on the 19th April this year, after much suffering with Parkinson's disease.

George was born in Hammersmith, the fifth of eight children. He left school aged 14 years, and went to work at Soper's Dental Laboratory. He then decided to become a Dental Surgeon and was accepted at Guy's Hospital where he "worked his way through", in the days when there were no grants. He boxed and played cricket for the Hospital. In 1925 he obtained his licence from the Royal College of Surgeons and opened his practice in one room at Hammersmith. He recalled that there were over twenty dentists around the Broadway at that time.

George always aspired to do the best work and his practice prospered. He gave great service to local dental committees during and after the war. He was one of the very few dentists who had the courage to stay out of the N.H.S. in1948. He had a massive heart attack at the end of 1951, and on his recovery he opened rooms at 19 Harley Street, where he conducted his very successful private practice until his retirement in 1969.

George was fully involved in local life, being a staunch supporter of the Round Table, Rotary, and the Freemasons. The last few years of George's life were spent happily in Jersey, and the full church at his funeral was testimony to the esteem in which he was held on the Island.

George will be greatly missed by his family and friends.

A requiem was held in the Church of Our Lady, Warwick Street, on Thursday, 4th October.

P. G.

Dr. J. A. B. Jones

John Alun Beynon ("JAB") Jones, who qualified at Guy's in 1949, died in Toronto, Canada on 10th August, 1984, tragically on the day before his daughter's wedding. After hours of heartsearching, the family decided to go ahead with the wedding. Sara, the bride, was driven to the church in a sparkling 1959 Rolls-Bentley, one of the many classic cars which her father had restored in his leisure hours.

The wedding ceremony became "a celebration of life" for the new bride and groom and a poignant memorial to "JAB" with his many friends and relatives filling the church for the wedding and for the funeral two days later at the Toronto Welsh Church, Dewi Sant.

"JAB", the son of a Welsh miner, obtained his M.B., when he was only 22 years old. He did house jobs at Guy's before joining the Royal Navy and served in Korean waters. On return to Britain, he was stationed at H.M.S. Raleigh in Cornwall where he met and soon married W.R.E.N. Officer Dorothy Caldwell who, like "JAB" had been born and brought up in Wales. They were both truly Welsh people – with a great love for singing; "JAB" had music in his blood and poetry in his soul. Wherever they lived, their home was a mecca for visiting Welsh choirs and rugby teams!

"JAB" did registrarships in radiology in Liverpool, Hammersmith and Surrey before becoming Senior Registrar at the Cardiff Royal Infirmary in Radiology.

In 1959, he was appointed Chief of Radiology at the University of the West Indies and held this position for three years. The family then moved to Canada where he was radiologist at the Ottawa General Hospital before finally settling in Toronto. There he became radiologist at Sunnybrook Hospital, York County Hospital, Newmarket and Humber Memorial Hospital. He also ran three private X-ray offices.

He was a dedicated physician and a caring compassionate person who, besides his extensive X-ray practice, was a source of great help and advice to anyone who was troubled. Many people valued their warm friendship with him.

He was a great family man – truly wedded to Dorothy, with whom he shared life to the full. They had two daughters and four sons, one of whom is a Canadian rugby international.

"JAB"s great relaxation was golf at the Toronto Board of Trade Club where he constantly strived to perfect "the perfect swing". His other hobby was collecting old British cars which he painstakingly restored.

"JAB" 's family connection with Guy's was through his aunt, Mrs. Iris Brook, who was the first woman Governor of Guy's and the first person to be nominated as an honorary Guy's sister.

C. W. L. J.

Appreciation

J. R. Trounce, M.D., F.R.C.P.

It will be a surprise to many that Professor John Trounce retired at the end of September. It is characteristic of him that he has chosen to retire early, and quietly, at the height of his powers in order to devote his time to writing and research. He qualified from Guy's in 1943 with honours in medicine and pathology and obtained the M.R.C.P. in the following year. After a period as Casualty Officer at Guy's and House Surgeon at Preston Hall, he served in the R.A.M.C. from 1944 to 1947. During this time he demonstrated his versatility and effortless capacity to get on with people by, as an Englishman, becoming Regimental Medical Officer in The Welsh Regiment. One of his non-medical duties in the Army was the retrieval, and return to the owners, of champagne confiscated by the German forces.

On return to civilian life, he worked successively at Guy's, the Brompton and the National Heart Hospitals. After this the shape of his future career became apparent when he took on dual responsibilities in the Departments of Medicine and Pharmacology in the Medical School. With Professor John Butterfield, he was instrumental in establishing the Department of Medicine and this important contribution was recognised by the School when he became the first Reader in Therapeutics in the University of London in 1958. In 1964 he became the first Professor of Clinical Pharmacology at Guy's Hospital Medical School.

Following the tenure of a Research Fellowship at Johns Hopkins Hospital in 1960–61, during which he expanded his interest in renal pharmacology, he returned to Guy's to set up the first of the three departments which he founded during his career. Under the most severe restrictions he started peritoneal and haemo-dialysis at Guy's and laid the foundations of the presently internationally-acclaimed Guy's Renal and Dialysis Unit. On the appointment to the staff of Stewart Cameron as the first renal physician, John Trounce changed direction again, and, in collaboration with the Radiotherapists, began to study how chemotherapy could be used with radiotherapy in the treatment of cancer. Beginning with lymphomas at a time when the first encouraging results of combination chemotherapy were being achieved, this clinic was a bridgehead from which further advances in treatment and care of the patient with cancer were made. The Lymphoma Clinic is now large and active, and with it has grown an integrated group of clinics and services in Medical Oncology for the management of a broad range of tumours.

In parallel with this activity, Professor Trounce was building up a strong research-orientated academic Department of Clinical Pharmacology. One of the unique strengths of this Department has been the firm commitment to clinical responsibility for all of its members, and the spirit of the Department was such that all research projects had a direct relevance to patient care.

Under his authorship several important textbooks have been written at Guy's, including the well-known *Short Textbook of Medicine* in collaboration with Drs. J. C. Houston and C. L. Joiner. His *Clinical Pharmacology for Nurses* is probably the most successful of its genre ever written and is currently in its 11th Edition, having been translated into several languages. He is at the moment writing a new edition of the *Textbook of Clinical Pharmacology* and is completing his work on the first-ever Lewisham and North Southwark Formulary (which is a model of its kind).

As Sub-Dean from 1965–1977, he was an excellent administrator, but always kind and approachable. In this role, as in all his authors, everything was accomplished efficiently and quietly in his own unhurried and informal style. It is difficult to understand how all the threads of his career were handled with such success, particularly considering that, during the whole period that he was at Guy's as a physician, he ran a successful general medical firm which was extremely popular with the students and junior medical staff.

John Trounce is a man of sensitivity, culture and humour. We hope that he will now have more time for some of his other interests. He has a catholic musical taste coupled with a fine and discriminating appreciation of music both as critic and performer. In his younger days he provided material and performed in several Residents' Plays. He reads widely and this perhaps is reflected in the accuracy and simplicity of his own written style. He is a keen gardener and both a connoisseur, and impressive consumer, of apples.

We understand from Dr. Houston that he also plays golf.

R. G. S., H. J. R., R. K. K.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are November 14th and January 9th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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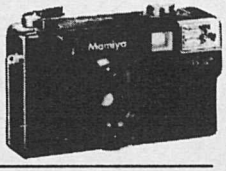

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Clubs' Union News

I am pleased to announce that it was universally agreed that Freshers' Week this year was a social and financial success, providing a few hundred needy pounds for use with future events. It is hard to measure the success of the "sons and daughters" scheme, although the "family party" for freshers to meet their second year parents was the best attended function of the week. Tuesday's Nat West cheese and wine followed by an Inflam was greeted with traditional enthusiasm. Some flagging of interest was evident on Wednesday's H.O.P. disco and Thursday's Rugby Hop, though this was clearly to save up for the Friday and Saturday. Friday's beach party had fire-eating, limbo dancing, steel band and some quite naughty games, while in complete contrast Saturday's Jazz and Cocktails showed that the traditional music of old is just as exciting and popular as always.

This year's Snowflake Ball will be held at the Glazier's Hall on Friday, 23rd November. This venue was used for the first time last year and the marvellous dining hall with lush side-rooms and panoramic view of the Thames was found to help towards a very memorable evening. This year we are having a famous personality cabaret as well as the mixture of traditional and popular bands, casino and tombola. Last year's catering was a trifle disappointing so this time we are concentrating on a better cuisine with inclusive wine. A special effort is being made to encourage Guy's staff to attend as well as Guy's graduates. The cost is £40 a double ticket. Enquiries, including requests to make up tables, should be addressed to Duncan Brooke, Social Sec., Boland House.

Following on the topic of the last two issues, S.M.E.C. has distributed a questionnaire to all the present fourth and fifth year medical students concerning the sign-up system. Out of 145 replies the following figures have emerged. From those who had an opinion, 89% were not satisfied with the present sign-up system and 81% did not regard their grades as an accurate record of their performance on the ward. 82% thought that every firm should have a concluding exam although only 10% thought that this should be the sole academic assessment. 86% of students had never discussed their sign-ups with staff although 90% would have welcomed the opportunity. Despite this, 75% of students believed that a sign-up system is the best way of allocating House jobs with only 15% desiring a system of personal consultant choice. It appears that the Medical School is already aware of the system's deficits, although perhaps they have not previously appreciated the strength of student feeling. However, it really still remains the duty of each individual consultant to see that some notice is given to student opinion.

J. R. Edwards

Guy's Hospital Gazette

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A.I.D.

by Michael Chapman

In the U.K., childlessness affects thousands of couples. Many suffer significant emotional disturbance which at times can result in frank psychiatric illness. For many couples, the situation is virtually hopeless, despite our increasing understanding of such cases. However, for one group, there is substantial hope. That hope lies with AID (Artificial Insemination by Donor). If the male partner suffers from severely reduced sperm numbers and this is the only defect, then AID will produce fertility with the resultant "wanted" child in 60–70% of cases. No treatment in infertility has better success.

Artificial insemination with donor sperm has been practised for about 50 years (and probably longer), but it is only in the last decade that it has become widely accepted. Thousands of children have been born as a result of such treatment, bringing happiness and fulfilment to their parents. However, controversy still surrounds the subject. Many doubts are voiced by those who question its ethics. But to see and talk to couples after successful AID would soon allay their fears. The child of AID is a much sought after and welcome addition to the family. Its acceptance by the parents is virtually universal. This is not to say that all appropriate couples desire AID. Those who do pursue this form of treatment do so only after long and soul-searching discussion between themselves and the doctor involved. Counselling to explore fully any doubts is essential. No doctor should proceed without both partners' full agreement.

The first hurdle is acceptance by the husband of the news that his semen is unlikely to be of sufficiently high quality to produce a pregnancy. This is a direct blow to his masculinity in most cases. Reassurance of the normality of all his other sexual functions is necessary. To answer the inevitable request for treatment to improve his sperm does little to help the situation. No therapy exists for the majority of oligozoospermic men. AID can be suggested and the general outline of treatment given.

Donor sperm is collected from volunteers (usually medical or dental students) who have been screened for infective and genetic disorders. To allow ease of organisation, the samples are frozen and stored for use on the appropriate cycle day. The samples are matched to the recipients' husbands as far as practicable. The insemination is carried out as near as possible to ovulation which is determined by temperature chart or more accurately by ultrasound and biochemical assays. It involves a speculum examination with no more discomfort than a smear test. The semen is deposited onto the ectocervix, just as with intercourse. This is usually carried out on two occasions, 24 hours apart. Husbands may attend if they wish. Pregnancy, if it occurs, is no different from a normally conceived gestation. No increased risks to mother or fetus transpire.

Prior to final selection for AID, another consultation is organised to discuss any questions. Currently these involve the practicalities and the more difficult ethical problems. The commonest of these is that of "telling the child". 90–95% of couples elect not to reveal the method of conception. They believe (rightly I think) that as full as possible acceptance of natural parentage is in the best interests of the child. It is surprising how quickly even the fathers see the child as being their own. One father rang me to say how pleased he had been when his own mother commented on the likeness of his 10 week old son. This is something adoption could never produce.

For the individual infertile couple, the morality of AID is an easy question. They may find the notion of a child without both parents' genes as unacceptable. The male occasionally is upset by the idea of another male's semen and the resulting pregnancy being inside his wife. AID is then excluded. But for most couples faced with adoption or AID, as the only solution, then to have a child with half its genetic makeup of their choosing is very acceptable.

For the potential donor, the morality of AID must be taken seriously and if in doubt, he should not come forward. The dilemma revolves around the concept of siring offspring for whom he will have no responsibility nor be offered interest. One can be reassured by the fact that these children are very much wanted and have been shown to grow up as normal, mentally healthy individuals.

This will occur because the selection process is always careful and thoughtful as outlined above. More positive than this, is the relief of anguish and suffering that couples suffer from their perceived failure to reproduce. A donor makes a substantial contribution to these patients. A further ethical concern is that of populating the world with a single donor's offspring. This is an unnecessary fear. All reputable units will limit the use of a donor to 10 successful inseminations. This is also a recommendation of the Warnock Committee.

To me, therefore, artificial insemination with donor sperm for the appropriately selected and counselled couple is a morally justifiable procedure. I believe it fulfils the criteria of "good medicine". It relieves suffering, cures a problem and results, when successful, in the birth of a wanted infant.

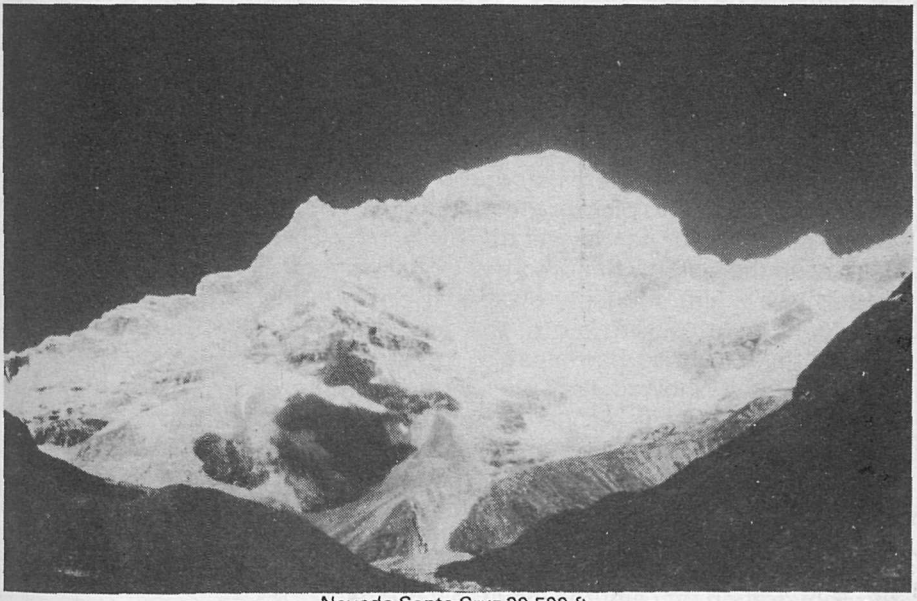
The infertility clinic at Guy's Hospital is currently setting up such a service. Donors are urgently required. If you are interested, please contact Mr. Michael Chapman on Ext. 2722 in the Department of Obstetrics and Gynaecology, 2nd Floor, New Guy's House.

Guy's Hospital Santa Cruz Expedition 1984 (Patron: Dr. Charles Clarke) Part Two: No More Heroes

by S. M. C. Gould

Once back at base-camp after the "Kitaraju Affair", Ben and I turned our thoughts to Santa Cruz itself. At over 20,000 ft. it dominated the view from Base Camp and we realised that several days would be needed for a successful attempt. Plenty of gas and supplies would be needed if all four of us were to reach the summit and a repeat of the Kitaraju saga avoided. After a day's rest, we loaded up our rucksacs with the necessary supplies and set off to establish a food dump where we would later make the first camp. The weather was not good and we wondered how Tom and Hamish were doing on their ascent. A route through the moraines was discovered, ending in a marvellous rock plateau which split the glacier at its base. This was where we would establish Camp I on the summit attempt. We unloaded the gear and buried it in the ice, marking the spot for when we returned. Retracing our steps, we were back at base camp in no-time with a mug of tea to cheer us up.

We were beginning to worry about Tom and Hamish at this stage as they should have been back. We spent the evening scanning the ridge, but there was no sign of them. After dark, they returned – battered, but well, after successfully reaching the summit of Kitaraju. We turned in early that night as it had become bitterly cold.

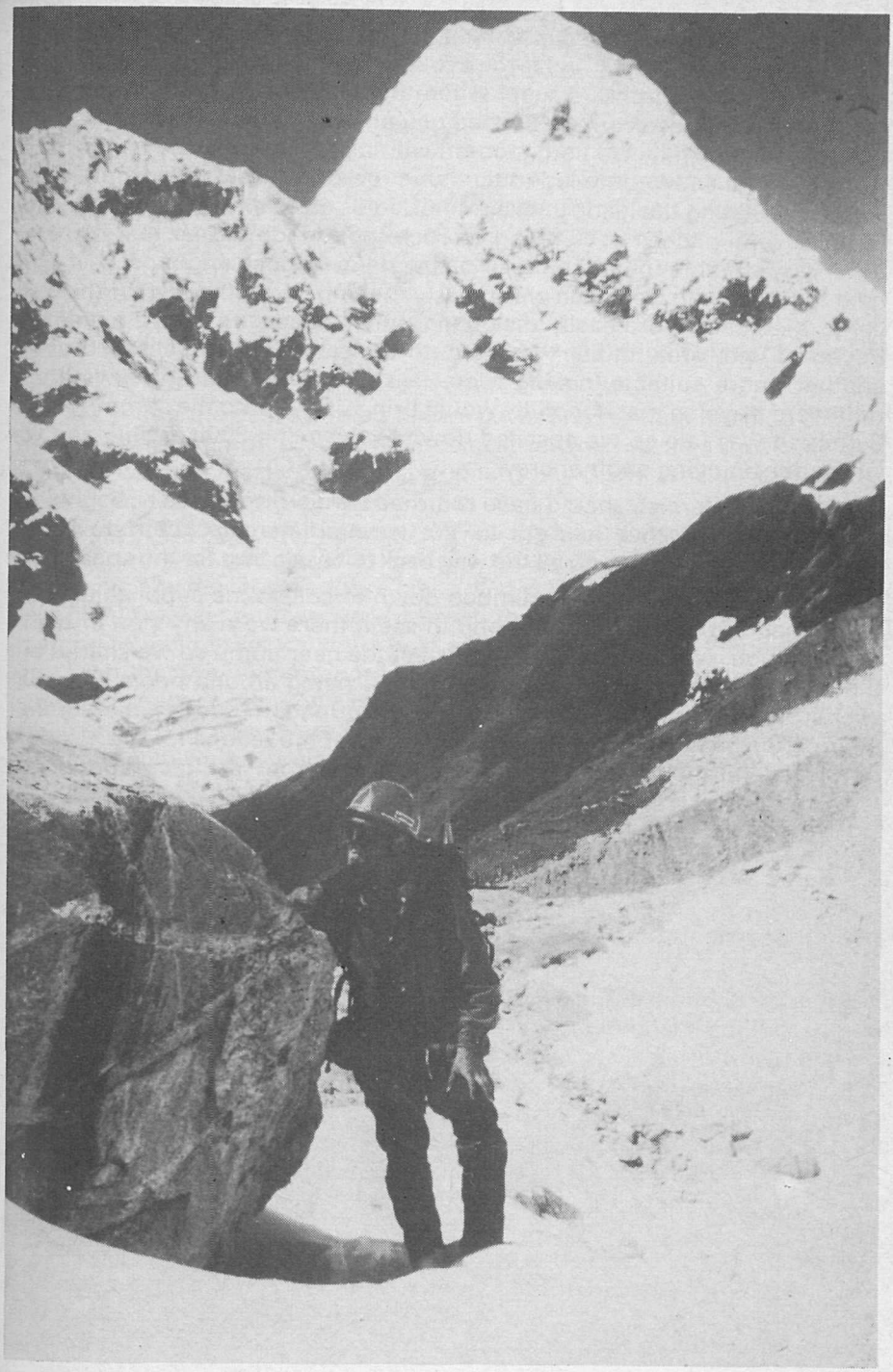


Nevado Santa Cruz 20,500 ft.

The next morning dawned fine so Ben and I, along with Victor, the camp guard, decided to carry another few loads up to Camp I. It was in real contrast to the previous day with clear blue skies and the sun warm and bright. We reached the gear dump by mid-day and relaxed to take in the view. I remember thinking at the time that it was the most beautiful place that I had ever been to. We were completely surrounded by the Santa Cruz massif and the views towards Alpamayo and Kitaraju were superb. We climbed light-weight up through the glacier to try and find a route through the crevasses. We noticed that there was a lot of avalanche debris below the main face and it looked very prone to rockfall. As the hours passed, the snow began to soften under the sun's intensity, making progress very difficult, so we decided to make our way down to base camp – arriving as the sun went down and the cold returned. We were all in fine spirit that night with our minds set on the top of Santa Cruz and, after a good meal, we turned in.

The next day we rested until noon and prepared our gear for the summit attempt. It would probably take Tom, Ben, Hamish and me 4–5 days, and so after lunch we left base camp for the last time, heavily laden with supplies. We reached the plateau where Ben and I had dumped the rest of the gear and pitched the tents on the bare rock. As the sun went down, we all looked towards the ridge and onto the summit itself. The mountain seemed to be drawing us closer and I could not help but wonder what the next few days had in store for us all.

After an uncomfortable night, we rose before dawn the next day and spent what seemed like an eternity melting snow for breakfast. The weather looked fine as we packed our gear together and set off to retrace the steps of our previous foray. The sacks were heavy and the altitude soon made us weary as we picked our way up through the glacier, painstakingly checking for hidden crevasses that could spell disaster. Shortly before noon, we started climbing the steep snow slopes that would lead to the high plateau just below the rockband that was to be our main obstacle. As the icefall became steeper, the crevasses became larger and we seemed to have to cross endless chasms in the ice. As the hours slipped away and the sun started falling behind the distant peaks, Tom and Hamish decided to leave the supplies that they were carrying in a hole dug into the ice and return to the previous camp to pick up the remainder of the gear that we would need for the summit bid. As they set off to retrace their steps, Ben and I climbed wearily up the last few hundred feet of steep snow. Just as I turned to speak to Ben I saw him suddenly disappear down a crevasse so that only his shoulders were sticking out of the snow! Luckily I had the rope belayed around my iceaxe so he managed to extricate himself without too much trouble, but it showed that we were becoming careless through sheer exhaustion. We finally reached the plateau without any further accident and pitched the tent just as the sun was setting. We were at just about 17,000 ft. and the view across to the distant peaks was breathtaking with the clouds gathering way below us, reflecting the orange of the rapidly retreating sun. As the wind blew up, it brought the bitter cold of night so we struggled into our sleeping-bags and made endless brews of tea to try and revive us from the dehydration that altitude inevitably brings.

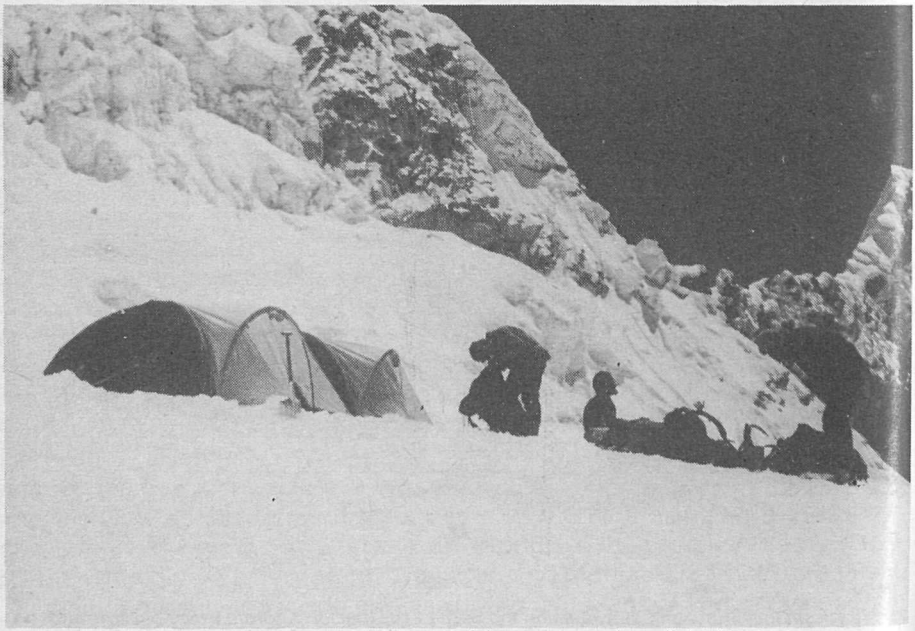


S. Gould just above the moraines on the Santa Cruz glacier. Kitaraju in the background

The next day after a restless night, Ben and I packed our climbing gear together and set off to try and force a route onto the ridge. The first obstacle was a 10ft. bergschrund, or gap, where the crevasse and the face-proper met. After I had belayed him, Ben led gingerly across on a wafer-thin snow bridge and thankfully we both crossed without falling in! Once on the face, a steep, 500ft. snow ramp led to the main rockband. Ben and I climbed the slope, alternating the leads until a runnel led us off to the right onto the rock itself. Several pitches of climbing on rock soon made it clear that this was not a very suitable route. The rock was extremely loose and most of it only held together with ice which was quickly melting under the heat of the sun. Large quantities were easily dislodged onto the second man's head! We traversed with great difficulty back onto the snowfield and climbed up to another, more suitable looking route: a short corner that gave way to a rightward traverse that hopefully would bring us out onto the summit ridge. By now it was late so we abseiled down to the camp 600ft. below and we were soon enjoying another brew.

Tom and Hamish should have returned by now, so we were beginning to wonder where they had got to. We learned later that their stove had packed in so they had to go all the way back to base camp for the spares!

The next day, Ben and I climbed down to collect the supplies that the others had left below our camp and to see if there were any sign of them. Sure enough, we met Tom and Hamish at the gear dump so we shared out the loads and climbed back up to Camp II arriving around noon. The gear was sorted out into equal (or nearly equal!) loads ready for the summit attempt the next day. As we were checking over the rations for the next few days, an enormous chunk of ice broke away from the face above and



Camp II at 17,000 ft. just before one of the tents was demolished by icefall

trundled down the slope gathering momentum. We suddenly realised that it was heading straight for us! We split up in all directions and luckily escaped injury ourselves, but one of the tents was completely flattened! It was a good job that it had not happened at night. We had had a few ice-chunks miss the tent by a narrow margin over the last few days, but had thought nothing of it. We now realised that we were not indestructable and so Ben and I dug the tents 3ft. into the snow to try and protect ourselves from further damage. That night, as we slept, a rock the size of a crash helmet ripped straight through our tent at tremendous speed, missing Ben's head by inches, and smashing the cooking gear in the tent entrance. It was an extremely lucky escape, one of us could quite easily have been killed, and it was then that we knew the ridge had to be reached soon or another rockfall would wipe us out altogether!

We set off the next morning before dawn and reached the high point of the previous attempt in good time. Except for the rocks and ice that were strafing us periodically, everything was going fairly well. The rockband proved just as difficult as before, with steep pitches on very loose rock. Rocks were falling from hundreds of feet above us, missing us by inches and we were all getting a bit anxious to say the least! As Hamish was traversing a wide, loose ledge, a piece of rock the size of a table missed him by only a few feet and we were relieved to see him in one piece. We were starting to realize that the route held a lot more than the average risk to life and limb that we were prepared to accept on a climb. Ben led a pitch on steep, dangerous snow which brought him out onto an airy stance on a steep snow ramp. Showered by ice, we knew we were in a very dangerous situation with no easy way ahead. Time was slipping away fast – it was getting late. At 18,500ft., after brief discussion (interspersed with rocks whistling past), we all agreed that we should retreat before one of us was seriously hurt. We abseiled as quickly as we could – tired and extremely disappointed, and after several hours' nerve-racking descent, we finally got back to the tents at Camp II. It was a sleepless night for us with the worry of a rockfall ever present in our minds. The next day we retreated all the way down to base camp.

On the way down, we met two Japanese climbers who were going to attempt Santa Cruz, but by a more popular route. Almost a confirmation of the wisdom of our decision to retreat, the next day one of the Japanese climbers was killed – struck by rockfall not far from where we were camped at Camp II. How lucky we all were. Several days later we left base camp for the long journey home. The Japanese was still there, growing cold with the mountain that had spared us.

The Mole Report

Mole Again

Mole decided that it was time again to sniff the air of Lewisham and North Southwark and to see what was going on at the old Alma Mater. Somewhat confused by the plethora of signs in the hospital grounds pointing in all directions, he emerged, not in the autumn sunshine in the park, but in a small patch of earth in Great Maze Pond. Looking Towerwards he saw to his surprise a plane tree remarkable by its size and configuration. What had happened to it? By good fortune his young friend Ratty happened to be on hand. Ratty was very important. Ratty sat on important committees making important decisions on how to do less work. Ratty knew a lot, but a lot of what he knew he knew was wrong. Mole listened with respect to Ratty's sermon:

Mole in the Park

"The Parable of the Plane Tree".

"There was a certain plane tree which grew in a busy street within the grounds of a hospital, and which had grown there for many years, and it provided resting places for the birds, and shelter from the sun, and it was much loved by the people who passed along the street.

"It came to pass that the tree became sick, and some of its leaves turned brown and curly, and an important administrator inspected the tree and said, 'we must cause the diseased tree to be cut down'. So the administrator sent for the tree-cutters, and they came with their ladders and their saws, and their axes and their ropes and, branch by branch, they began to cut down the tree.

"And a doctor passing by said to the tree-cutters: 'Why cuttest thou the tree?' and they replied:– 'A wise administrator has identified a disease, and decided that the tree must be cut down'. So the doctor, who knew about trees, spake to other doctors, and their leader went to the administrator and said:– 'The tree has been there a long time, it is famous and valuable and loved, it must not be cruelly cut down because of a minor sickness'. And the administrator said:– 'So be it wise doctor, I must admit that I really do not know about the trees'.

"So the cutting stopped, although only the trunk remained, and the wounds of the tree were dressed with oil, and the people who passed were saddened to see the plight of the old tree, and the birds could find nowhere to rest, and there was no shelter from the sun.

"And it came to pass, months later in the Spring, that a shoot appeared from the trunk, and then another, and then many more. And the old tree sent forth branches and leaves and came to life again, and provided haven for the birds once more, and the administrator was puzzled, and the doctors were much relieved."

Ratty by the River Bank

Mole's first view of the plane tree
(N.b. See front cover for Ratty's view from the river bank PLC.)

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"Your Health: Local Services for Local People." A Consultative Document

The Lewisham and North Southwark Health Authority have recently produced a consultative document, "Your Health: Local Services for Local People". It suggests that "a new approach to health care could save money and produce a better local service". As many readers will not have seen the document, a summary of its proposals are as follows:

1. *All acute care should be based in well-developed district general hospitals* where there is immediate access to diagnostic equipment and high technology services. At present, many acute services, particularly those for the groups like the elderly, are placed on subsidiary sites only, where these acute facilities are not available.
2. Long-term care is inappropriate in a hospital and would be better placed in the community, where people may be cared for in smaller units that are more able to meet individual needs and wishes.
3. Services for the elderly, the mentally ill and mentally handicapped would be radically improved by an injection of £20 million capital (for buildings) and £13 million revenue (running costs) over the ten year period. This would be spent on improving community support, enabling people to be cared for in their own homes for as long as possible, and on building up community residential facilities.
4. Because the long-term care currently provided at New Cross and Hither Green will be transferred over the decade into more suitable domestic units, the consultative document proposes the closure of these two sites so that an additional £4 million (currently spent on rates and running costs) can be released for patient care.

   Patients at Guy's and Lewisham would benefit from a better service because of capital investment in new buildings.

   The relocation of the Children's Hospital from Sydenham into a purpose-built unit on the Lewisham site will offer a higher standard of care for local mothers and their children.
5. Health promotion services will be developed.

The consultative paper outlines the steps that would be needed to carry out this strategy and emphasises three main aspects of the plan:

(a) the strategy will only be feasible if the necessary capital money is forthcoming. This District is prepared to raise £25 million, in partnership with voluntary contributors, provided the Regional Health Authority contributes £25 million, and the Department of Health find the balance of £10 million;

(b) there is a strong commitment towards closer working relationships with two Boroughs, Lewisham and Southwark, with local family doctors, and with local voluntary organisations;

(c) hospital closures or changes of use would be subject to the usual consultative procedure.

The following letter to the D.H.A. in response to the consultative document, "Local Services for Local People" was written by Dr. G. Feder.

In assessing the arguments and plans presented in the consultative document, I am conditioned by my experience of health care in this Authority, the specific jobs I have held and my own view of what constitutes adequate health services. This may be why my response to your document is largely negative. Nevertheless, although I have an "insider's" view, I feel that it is at least as objective as that presented in the document and I have no direct interest in perpetuating any specific aspect of the service as presently constituted. I am a junior doctor who trained at Guy's, did my pre-registration house jobs at Guy's and Lewisham Hospitals and have just completed 6 months at New Cross (Chest Medicine and Geriatrics) and 6 months at Guy's (General Medicine and Oncology). I am on a G.P. training scheme and after another year at Guy's will be based in a general practice in North London.

Although I am in favour of developing community based services for the "priority" groups in our district, I am sceptical about achieving this within a shrinking budget without reducing the standard of health care provided to local people. Even if the new pattern of services were ultimately an improvement, the timescale you propose is unrealistic. But timing aside, some of the assumptions your plan is based on are questionable, others are simply false.

Common Ground

It is obvious even to doctors trained in high technology medicine that the present form and distribution of services in our health authority does *not* meet the needs of the elderly, mentally handicapped and psychiatrically ill. The best part of the document, to my mind, is the discussion of the needs of these groups and the argument for decentralised and residential facilities. Nor can one argue with the *goal* of improving general practitioner and community services.

Questionable Assumptions

1. *Patients in need of hospital care require all the facilities of a "fully equipped District General Hospital" on the same site.*

Where is the evidence for this? My direct experience of Geriatric and Chest patients, and my indirect experience of Rheumatology patients at New Cross suggests that this is not necessarily the case. Assessment and short term rehabilitiation (3 weeks, 3 months?) for these patients is perhaps *more* appropriate in a hospital site like New Cross with decent grounds and specialist facilities (i.e. O.T., Physio, Day Hospital) which already exist and do not have to be created *de novo.* An attempt to centralise these facilities at Guy's and Lewisham may provide a poorer service. One should not exaggerate the need for "acute" technology for these patients other than basic radiology and access to the routine and emergency laboratory services at Guy's. One might even argue that the distance between New Cross and Guy's encourages the more judicious use of investigations. I wonder if the costing of savings accruing to the District by the closure of New Cross takes into account increased costs of teaching hospital care.

2. *Guy's and Lewisham are "well placed geographically to serve the District's Population".*

In fact the two hospitals are at either end of a very large district which, until recently, was in fact two districts. One must question whether Hither Green and New Cross Hospitals are necessarily less accessible to a sizeable proportion of the District's population. Although I have not carried out a formal survey, I was impressed at New Cross by the number of truly "local" patients, and the ease with which their families visited them from the surrounding housing estates.

3. *The family doctors in the district can take on a significantly greater responsibility in the provision of medical care.*

This is a key assumption in the document. The district has some excellent local general practices, but suffers from many of the deficiencies of inner city practice described in the Acheson Report. Has the writer of the consultative document investigated the nature and the problems of general practice in our District? Has he looked at the standard of referrals we receive in hospital, and what happens to patients after they have been discharged? I think not. The bland statement that "the Authority accepts that the local knowledge and commitment of family doctors will be needed . . . and is committed to working closely with the F.P.C. to achieve this" (p. 13, para. 4) does not begin to express the problems if there is a large shift of care from hospitals to the Community. How can the Authority ensure local G.P.s are helped to cope and improve services? Will funds be allocated to this end? Has this been included in the costing of the 10 year plan?

4. *"Partnership with the Local Authority is vital".* (p.8, para. 1)

You go on to say that any curtailment of local authority services would seriously affect the way the Health Authority can function in the community. Yet rate capping is a reality and both Lewisham and Southwark are on the list. How realistic is your assumption that these local authorities can shoulder a greater burden in the area of community services?

5. *A large proportion of admissions to hospital are inappropriate.*

If community services were improved, I would hope there to be fewer admissions to hospital, although it is possible that the main effect would be to reduce length of stay rather than numbers of admissions. Nevertheless, Appendix I does not necessarily demonstrate that our District has a high inappropriate admission rate since the differences in admission between the districts may simply reflect differences in age and class structure (i.e. our population may require a higher admission rate). Incidently, you state that "a survey of all acute beds is now underway to find out how many of these are used as a result of unnecessary admission" or "where discharge is delayed for other reasons" (p. 15 para. 3). Who is carrying out this survey? What criteria are they using? Why is it that junior doctors, like myself, who actually make the decisions about admission are not consulted?

6. *Community care can replace all the beds being cut.*

One can argue that the need for general medical beds can be reduced by the development of better community and residential care, or that surgical beds can be reduced by more day care treatment. I feel that you are probably exaggerating the effectiveness of these alternatives and that pilot studies would have to be carried out to assess them adequately. When it comes to a 43% cut in gynaecology beds and 28% in special care baby units, even taking into account the changing size and age structure of our population, it is inevitable that patients are going to suffer. In gynaecology the long waiting list for the treatment of non-urgent, but disabling conditions will increase: cuts in the special care baby unit may result in increased perinatal mortality. Already our S.C.B.U. periodically closes to new admissions because the cots are full.

Overlap

Even if the above assumptions were not mistaken and that within a shrinking budget it was possible to construct a decent community alternative to services at present based in the Authority's hospitals, the timescale for the transfer of facilities is absurd. I do not believe that the Capital Development Schemes at Guy's and Lewisham can be completed by 1986 and it is inconceivable that the retraining and organisation necessary for the residential and community facilities (co-ordinated with the local authority and G.P.'s) can be accomplished in 2 years. If you are serious about developing these services and have looked at the problems of this kind of exercise both here and in the United States (especially in the field of psychiatry), you would require a much longer overlap time. If New Cross were to close in 2 years, I do not think that adequate alternative facilities would be available and the standard of health care in this authority would decline. The statement that at all stages you "will review the situation ensuring that the developments and reductions coincide" is not reassuring.

Education

Medical, nursing and other health students are trained in this Health Authority. Where in your document do you acknowledge this or consider the implications of your proposed changes on their education? Taking medical education as the example I know something about, how will the Medical School cope with a reduction in beds of 33% in General Medicine, 43% in Gynaecology and 30% in Surgery? Will they have to cut their student numbers accordingly, will the General Medical Council withdraw recognition of our training? Even if student numbers were reduced, that would take 5 years, which is considerably less than the transition period you propose. Again, I am incredulous that education is not even mentioned in your document.

Administration Costs

The N.H.S. is managed on very low administrative costs compared to

other health systems and commercial firms. Many doctors are not aware of this and hence see cuts in administration as a painless way of making savings. I do not believe this. Yet when I read in Appendix 8 that the administrative costs of the district are only going to be reduced by 5% I was surprised. A massive reduction in acute services will not harm patient care, but a significant reduction in administration will? Please don't misunderstand me; I am not arguing for cuts in administrative staff, I am questioning the reduction in acute services. In so far as your proposals will increase the unemployment in all other groups of staff, perhaps you will not be surprised if we feel cynical about the relative protection of administrators.

Conclusion

I think that administrators, doctors, nurses and other staff must stop pretending to the members of our Health Authority and the D.H.S.S. that we can cope with the revenue cuts imposed on us by central government. Unfortunately, when the N.H.S. is being seriously undermined by national policies, the document you have presented – despite the good ideas it contains – only obscures the real threat to health care in our district. It has a tone of guarded optimism which is misleading. I think we have to stop "soldiering on" and, in conjunction with other health authorities and the support of our local population, demand a reversal of budgetary cuts. This would be the basis for seriously thinking about improving community and residential care. I feel that your proposals are a cost cutting exercise dressed up as a radical transformation in health care.

G. Feder

The D.H.A. invite comments on all the proposals by those people who live and work in the district. These replies should be sent to:–

The District Administrator,
Lewisham and North Southwark Health Authority,
Mary Sheridan House,
15 St. Thomas' Street,
London SE1 9RY
and must arrive before 30th November 1984.

Guy's Evelina Children's Hospital Appeal

by Michael and Peter Joseph

The Dickens Estate Tenants Association, SE16, presented three cheques for the Evelina Appeal Fund on September 29th. The Mayor and Mayoress of Southwark were present and Peter Joseph attended the function. The cheques totalled £581: one from a group of children, a second from Mr. and Mrs. Stevens, who own a local jewellers, and a third from the Committee and Members of the Tenants Association. In reply Peter Joseph warmly thanked those present for their generous and most welcome support for the Appeal. Eddie Hart, Secretary of the Tenants Association, said that they would be very pleased to continue to help the Evelina in this way.

A Football Match in aid of the Evelina Appeal between the Showbiz XI (stars of TV, Radio, Films and Sport) and Nonington Royals was held at Crabble Athletic Football Club on 7th October.

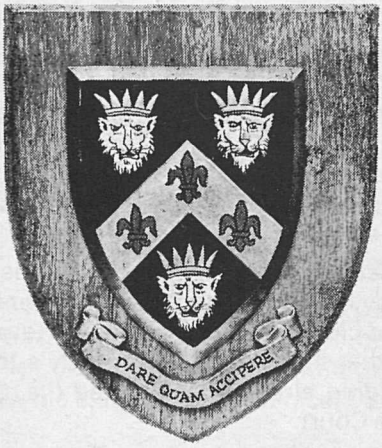
The event was organised by Dover Lions Club (President Geoff Winter) and Mr. and Mrs. Peerless, parents of a 14 year old child, who underwent a successful major heart operation recently at the Evelina. Abbey Life Assurance Company donated a 22" colour television set for the raffle and Nationwide Building Society also generously sponsored the event. Dr. Joseph was invited to draw the winning raffle ticket. It was a very successful afternoon and we are very grateful to all the organizers and participants. This is one of several events arranged by Mrs. Peerless to support the Appeal and a presentation will take place in January 1985.

The 1985 London Marathon will take place on 21st April. About 23,000 runners – 2,000 more than this year – will be lined up in Greenwich. It is understood that successful applicants will be notified by Christmas.

In this year's Marathon 23 runners took part in aid of the Evelina Appeal and about £7,000 was raised – a truly magnificent effort. For the 1985 Marathon we are planning to persuade 100 runners to run for the Evelina. To help us to reach this target, would any successful applicants not yet tied up with a sponsorship contact the Evelina Appeal Office 01–407 7600 ext 2702. We would welcome them and provide a sponsorship form and later a sponsor identity to be attached to their running vest, if required.

Peter Joseph receives cheque from a group of Dickens Estate children

Guy's Hospital Gazette



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Dental notes

by Mr. A. D. Robinson and Dr. S. Challacombe

On Monday 24th September, the extension of the Dental School on Floors 31 and 32 of Guy's Tower was officially opened by the Vice Chancellor of London University, Dr. W. Taylor and the Clerk of the Court, Mr. P. Holwell. In a very pleasant ceremony held in the new seminar room on Floor 31, Professor Quirk unveiled a plaque to mark the occasion.

The impetus for this extension has come about because of the joining of the Royal Dental Hospital School of Dentistry with the Guy's Dental School. This Union has necessitated an increase in the accommodation for staff rooms. Floor 31 and 32 contain four individual rooms and several larger rooms each housing up to four members of staff, and also a large seminar room and a room for post graduate M.Sc. students. This is a very welcome and much needed extension to the School.

The Vice Chancellor in his speech mentioned that it was a real pleasure in these days when Universities are contracting and when he has presided over the closing of many schools, to open an extension to a school. He revealed that the proposal from Guy's to incorporate two new floors within the building already constructed (i.e. the Tower) had caught the imagination of the Court.

He had been fully briefed and spoke of the interesting technical challenges there had been in constructing this extension. He noted that a large amount of building material had had to be flown in by helicopter to the top of the tower and that technically these new floors were suspended from the existing buildidng.

Professor Tulley, Dean of the Dental School in his reply, acknowledged the excellent cooperation that the school had received from the University.

He noted that there had been great cooperation between the builders, architects, pilots and all those concerned with building this new extension. He payed particular tribute to Mr. Ian Sorrie and his team who had overseen the building of this extension, and to Mr. Bompas and his team in the administration of the Medical School as well as the committed support of the United Medical and Dental Schools.

Invited to attend the reception were all the current members of the Dental Academic Committee as well as the Dean of U.M.D.S. and the Dean of St. Thomas', Dr. Creamer. The reception was also attended by representatives of the architects and the builders, as well as the pilot.

It is clear that the school owes a great deal to Professor Tulley for his imagination in seeing the possibilities of an extension to the Dental School within the space above the Lecture Theatre, his enthusiasm in getting people together, his success in convincing them that the project was feasible and his persistence in seeing the project through. It is a great credit to our Dean that this extension has been achieved.

There was an unfortunate incident at the end of the Vice Chancellor's visit when he emerged from the base of the Tower to the space allocated by the hospital for his car, to find it covered in "No Parking" stickers. In spite of that the Vice Chancellor indicated that he had been made to feel welcome at Guy's.

Final year student

Miss Bridget Doubleday represented Guy's at the 7th B.D.A./Dentsply student clinician programme held in late June this year. Student representatives from each of thirteen United Kingdom Dental Schools were represented and each presented a table top demonstration concerned with some phase of research diagnosis or treatment. Miss doubleday represented Guy's following her succes in winning the prize at the 1984 Clinical Day. The prize for the best clinical demonstration was won by a student from Newcastle and for the best research demonstration by a student from Edinburgh.

There was an error in the announcements of the Dental Ball and Dental Dinner in a previous *Gazette.* The Dental Ball will be held at the Royal Lancaster Hotel on Saturday, February 2nd, 1985 and the Dinner in Boland House on March 2nd, 1985, the evening of the Clinical Day.

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Physiotherapy

Physiotherapy students, in common with their peers in other educational establishments, form a more or less willing source of research data and ours have with patience and resignation filled in questionnaires during the last twelve months or so for a variety of good causes. The results of some of these investigations have thrown up interesting material, not least a survey of attitudes to different fields of practice in which groups of students from a number of Schools of Physiotherapy partook. The researchers have yet to complete the analysis of their data, but they have given us the findings derived from our own (anonymous) students, leaving us to draw our own conclusions.

Part of the qualifying Part II examination consists of a long essay answering one of two unseen questions based on each of two published topics. Candidates have been required to make a literature search and build up a dossier of information which can be used to substantiate opinions and to verify statements expressed in the answer. This year the topics were 'Sports Injuries' and 'Geriatrics' and, although some guidance was offered to try to narrow down these fields to more manageable proportions, it was felt by many that the subject-matter was still enormous. It was expected to be difficult to collect up information in a form that would make it accessible to a candidate who, in examination conditions, is allowed only half-an-hour to massage it into shape before embarking on ninety minutes' worth of writing and reference-adducing. The relative quantities of published material also looked like creating an imbalance and its basic availability to the students, or rather the lack of it, demanded an effort of genuine cooperation on the part of those who had opted to prepare for one or other of the subjects. Fortunately, there is no lack of unselfishness among the students in question.

Probably most of us expected the 'Sports Injuries' theme to be the more popular, in view of the youth and athletic interests of the students and the plethora of bruised and battered young men and women in the Outpatient Departments. However, this turned out to be a misapprehension and many more chose the 'Geriatrics' topic.

What the investigators set out to do was to discover what had prompted the students' decision, and how they saw themselves in relation to these two specialities and to rheumatology, which was presumably included as an area with which they could be expected to be familiar and which would act as a control. As well as answering a series of questions by indicating their response on a scale, the students were also invited to add any comments that they thought might be of interest to the investigators and these include some very pertinent and incisive observations.

It may be advisable to consider the implications of the questionnaire in more detail another time, but it is worth reporting that students claimed to have been made aware of the possibilities in the geriatric field by their researches rather than by their clinical experience, and that they were greatly influenced – not always beneficially – by the attitudes of the people with whom they worked in all three areas.

Ronald J. Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

I was interested to see our learned President, John Edwards, explaining venepuncture to somewhat dumbfounded new clinical students in his introductory address. I fear that either he is malformed, or that his knowledge of the precise details of upper limb anatomy has evaporated. I always thought he didn't know his axilla from his elbow.

Is it true that at least one team's training session now seems to involve a quick sprint to the Horseshoe?

I have some interesting photographs in my possession – even better than that of Professor Macdonald's in Rag Week. New boy Tim was addressing the Freshers when the august solemnity of the proceedings was shattered by a rather portly *"Kissogram"*. I hear he handled things, so to speak, with considerable aplomb. I am sure that rumours about action being taken if such photographs of this interesting historic moment were disseminated to a wide audience are completely groundless.

Overheard in Casualty: Student to patient, *"Try and keep the stitches in your hand dry for the next few days – you could try taking a bath with your hand in a plastic bag."* Patient to student, *"Well, we won't have to worry about that then. Isn't it lucky – I had a bath only last week."*

Seeing the new flower arrangements in the Park reminds me of the destination of some of the previous flora. Or perhaps those windowbox selections in certain flats were just coincidentally identical to the Park's.

I understand that certain rash promises in the event of the Irish Fool's great escape, have not yet been met. I look forward to seeing some interesting tonsorial colouration soon. One promise was even more rash: a promise to join the Christian Union. Still, it shows miracles *can* still happen.

I had the misfortune to come across a rag called *Oh Kay Yar,* put out by some chaps from an establishment formally situated above a Pancake House. Even – no, perhaps especially – I found it a trifle unsuitable. Besides, I have never heard that particular phrase used at Guy's, in more years than I care to remember. Still, the Dental Society presumably feels it helps the integration process, as it helped to finance it.

It has been suggested to dental students that jaws need not be dislocated for that thorough chart-up, and that fledgling phlebotomists need not break wrists in search of that ultimate vein.

The bar would certainly be much better for real glasses, but certainly does not require breakable "unbreakable" chairs. The old blacksmith-made chairs were good enough. If they wish to replace any seats they should reconsider the "crash-couches" which are now rather frayed after eight years' heavy use. Still, it might be worth pointing out to certain elements that improvements are unlikely if any "riotous" behaviour occurs. Anyway, who wants improvements? At least we still have wall-to-wall floors.

Overheard from a consultant: *"Aids for the disabled? As if they didn't have enough to worry about!"*

What a shame the Editors are running out of cover designs. Last month's was hideous enough when first used a couple of years ago. It was even worse in yellow.

Correspondence

Dental Curriculum

Dear Sir,

I was very pleased to see that your *Passim* in the August issue dealt with the matter of the long overdue changes in the clinical curriculum for the dental course. Over the past few years we have been meeting very frequently on this subject and taken note of comments from various groups of students, and the advice of the student representative on the Curriculum Sub-committee. Many of the desired changes could not be carried out with the level of teaching and technical supporting staff which we then had.

With the increase in the teaching and supporting staff which has become possible with the merger with the "Royal", the climate was right for this new venture. We have been able to select the best aspects of curricula on the two campuses in the new scheme in order to meet the requirements for the practice of dentistry in the future.

The arrangements for the new curriculum have only just been formally approved in broad outline. These changes have required very considerable inter-departmental discussions. I am pleased to say there has been tremendous cooperation and goodwill from all concerned.

Once the details of the new curriculum are complete, Dr. Challacombe and I will be pleased to arrange an open meeting to explain the details, as we appreciate that both present and past students will be interested.

The Dental Academic Committee has just approved a starting date of September 1985 for the new curriculum, subject to a final scrutiny of the practical problems involved in the change-over period. We wish to ensure that there will be no disruption to those completing their course under the old regime. In due course we will submit the details for publication in the *Gazette.*

I would like to express my personal thanks to Miss Sheehy, Dr. Challacombe and all my colleagues who have worked so hard to make these changes possible.

Yours faithfully,

W. J. TULLEY
Dean of Dental Studies and
Chairman of Curriculum Sub-Committee

Not the Guy's Person

Dear Sir,

As a former Assistant Editor of the *Gazette*, who served under a Guy's lady Editor, I was amused to read Mrs. Dillistone's letter about *Papers by Guy's Men.*

The conclusion we reached then was that "Guy's Persons" is an ungainly mouthful, and that at Guy's, as in English Law, male embraces female!

Yours faithfully,

RICHARD HENDERSON
6 Sandra Court
Spencer Road
W4

To Err Is Human . . .

Dear Sir,

There is an adage in the theatre (performing, not operating) which goes: "I don't mind what you say about me, as long as you spell my name right."

In his review in the April 7 *Gazette* of "The Chain of Immunology" (by myself and Mark Jackson), Prof. Cohen has failed to do just that.

I should like to call your readers' attention to the fact that the name is FEINBERG, *not* Feinstein.

Yours sincerely,

GEORGE FEINBERG
Professor of Immunology
St Thomas' Hospital SE1

(The Editors apologise for not having spotted this error during proofing.)

Sport

Introduction

With the resumption of hostilities at H.O.P. (and in H.Q.) after the summer break, we mourn the Rugby Club's dismal start to the season. Nevertheless, news has just come through of the first 'A' XV victory of the season, Guy's defeating the Royal Veterinary College, 13–3, in the Gutteridge Cup. Apparently the outlook is not all that bleak, with some promising new freshmen being blooded. Rumour has it that a 5th XV is being considered once more, thus this reflects plenty of enthusiasm for the sport. We wish the Rugby Club a better month ahead.

As the season develops, perhaps we might hear something from the various ladies' clubs to reflect their current successes on the sporting fields.

Let us now sit back and savour some of the entertaining moments of the last month's sport.

W.Z.

RUGBY CLUB

Guy's Hospital 1st XV vs Nuneaton
Lost 35—0

The first visitors to HOP this season were Nuneaton and they came with a strong side which included several county players.

The Guy's team were in high spirits and keen to perform well for their beloved captain. His impassioned cries during the last three matches, of "tackle him" had finally begun to sink in and all players anticipated a hard game.

Everything started well for the Hospital with fine tackling in defence and some probing runs in attack. The forwards performed well in the scrummage, but lacked discipline and technique in the line out. Richard Docker produced minor miracles in controlling some very untidy line out play.

Silly penalties were conceded by Guy's within kicking range of their posts and Nuneaton capitalized on this with 5 conversions, and, by the interval, the visitors were in a comfortable lead.

The Hospital side battled well in the second half and did not allowed Nuneaton any fluency in their play. However, the Guy's back row played badly and were struggling to compete with that of the visitors. Graham Meharg was disappointing as he failed to raise himself enough to sustain an adequate performance. Other players, Dooley, O'Connel and Richardson played well and with 6 weeks' hard work should establish a successful, lasting relationship in the pack.

Although the overall performance from Guy's was satisfactory, lack of fitness and understanding between players proved to be their ultimate downfall. Nuneaton scored 4 tries, 2 of which were converted, leaving a final score of 35–0.

Jamie Leigh has refused to shave his rugged – untidy – beard off until the First XV wins a game – this could prove to me a master stroke in motivating the side to victory!

Team: Parry, Richardson, Seare, O'Connel, Conchie, Meharg, King, Dooley, Docker Reidy, Leigh, Jones, Haley, Coleman, O'Brien.

Julian Minge

Purley vs Guy's Hospital 1st XV
Lost 38–10

Dear Rugby Fans,

Here endeth the first month of the rugby season and may it rest in peace. Let us start October with a new, fresh enthusiasm and commitment. Dismiss September from your minds as a bad dream. Raise your eyes from the horizontal and look to the great victories ahead. We will succeed. Cheer up! Worse things happen at sea! But to begin with, I must report the final chapter in this blackest of months.

The 1st XV were entertained by Purley and as is traditional in this fixture, our forwards had a hard battle up front. For the first 20 minutes, in every scrummage the Guy's front row were given flying lessons by their opposite players, but this ceased as the match progressed. Our back row displayed promising parts to their play, and, as their fitness improves, they should do well. All that is missing in our forward play is a return to "Basics" and set pieces. Line-outs in particular need much attention; perhaps then Richard Docker will keep his young looks!

Seriously, the days of B. G. Keevil are gone. No longer can Guy's field a pack weighing an average of 15¼ stone per man, each an immovable object. Therefore, the emphasis must switch from power play to technique and mobility around the park (not that Keevil and company lacked any of those qualities). Those men who took part on Saturday must criticise themselves and study the role they perform in the game and side. Fitness is sadly missing in all departments but is something that is entirely up to the individual. No one likes to lose, especially me. So, do not abandon ship, chaps. Rejoice after a match when you know everyone gave their all, even though we may have lost. If this engenders a club and team spirit, it will mean a victory! Enough of this diatribe.

Allan Jones ran 15 yards with two Purley players hanging onto him to score a well deserved try for the hospital – or was it 50 yards and six men, I forget every time he tells it. But a fine try none the less. Mike Hackett kicked the other points for Guy's.

I have to report that Graham Meharg has turned over a new leaf, in so much as he is no longer "Mr Nice Guy". I look forward to informing you of his adventures on the pitch.

On the domestic front, congratulations of a connubial nature of to Mike Hackett on the announcement of his enagagement.

Team: Howell, Richardson, Neal, Conchie, O'Connel, Chew, Meharg, King, Docker, Jones, Leigh, Maggs, Hayley, Reece, Hackett.

The Closet Rebel

P.S. Has anyone seen Hogan?

Guy's Hospital 'A' XV vs. London Hospital
Lost 23–13

It is lunch time in the spit, Kevin Shurer has just told Jamie Leigh he can't play, and 'skips' looks utterly depressed and in despair at this desertion. Suddenly, a perky voice from the table behind attempts to cheer him up. It is Adrian 'Handsome' Watts "Leader! I salute you. I will die for your cause" he says. At this Jamie immediately includes him in the side – a typical Wednesday afternoon team recruitment scene.

This was the first 'A' XV fixture this season, and also the first game in the inter-London Hospital merit table competition. For Guy's our opponents were the London Hospital, and they fielded their 1st XV. Unperturbed our heroes took the field with a general spirit of optimism.

The game itself was scrappy; the forwards were out-played, the backs failed to tackle their men and this led to our ultimate downfall.

Allan "The Cob" Jones, making a rare midweek appearance, kicked 3 fine penalties. These scores brought us within sight of the half-time deficit of 14 points. Then, out of the blue, a penalty was awarded to Guy's within range of the London's posts. Jamie beckoned to Allan to attempt another kick; however, little known to the opposition, this was a secret sign for "Jean-Pierre" Docker to run the ball. Docker dutifully obeyed and jinked through the defence to feed a surprised Mike Seare, who was taking a 5 minute break away from the action.

Horrified at Docker's act of benevolence, Seare flung the ball to his right where Paul "The Mince" Haley caught it at ankle level, with immaculate precision, and raced in to score.

However, this recovery was short lived, and, in the last stages of the match, bad tackling allowed the London Hospital to win by 23 points to 13.

This game saw the return of the 'A'XV's punt receiver Matt Hackett from the USA. Although during the match he had five sackings and his rushing yardage was zero, it was good to see him fit and well. Also the Easter Tour Mascot, Frankie Guppy, was in attendance on the touch line. However his fine singing did nothing to inspire us. Next time out will be different rugby fans, I promise!

Le Concorde

ASSOCIATION FOOTBALL
Past vs. Present

The season kicked-off on the final Saturday of September with the traditional Past vs. Present game. On a pleasant afternoon the match began evenly enough, but, in the first half particularly, the guile of the past was to prove insufficient to counter the pace of the present, especially in midfield where Anu Biswas, "Hyper-Mass" Jones and the matchless "Sniffer" Mellor dominated. Indeed the half-time 3–0 lead was due to these three scoring. The first came when "Sipper" Mellor set the crowd alight with a scorching first-time strike, the second after a fine run by the ice-cool Anu, and the third was a screamer from H-M, scored while the skipper was disentangling himself from quietman Steve Robinson.

At half time the teams were adjusted with Dixie Harris, B.J. "The Beast" and "No hands" Russell being rested from the present team to bring on "No Jugs" Taylor, Gavin "Nice Jacket" Stokes and Tony "No Nerves" Gardner and the past to bring on Chris Dickinson although they continued to switch players throughout the second half. Early on in this half, Dave "Boy" Greenaway, not looking a day over 40, mis-hit his free-kick into the top corner and the Past were back in the game. Soon afterwards "Scarface" attempted to lob his 'keeper and Steve Robinson tried to score on the rebound, but somehow "The Cat" kept them out whilst Steve, thinking he had scored, celebrated quietly.

Well into the second half Nick "Passenger" Tucker scored after a good run to put the present three goals clear again (surprisingly none of the goals were apparently the fault of Robin "Safe as Houses" Evans), but after this, the present, (particularly skipper t'spu Mellor) seemed burnt out, and as they tired, the past made a final effort which was rewarded with a very late goal from ex-megastar Clive Archer.

The evening was completed with a three course meal from which thanks must go to Joyce and Eric Dann. A disastrous piece of sipping allowed the Past to snatch victory in the boat-race and retire happily to H.Q. for further refreshment.

No Temporal Lobes

MEN'S HOCKEY

Guy's Hospital vs Medway
Draw 2–2

On an overcast day contrasting the spirited mood of the Guy's "Read Heads", the Hockey Team took to the pitch sparkling in their new strip, making their opposition, including an apparently ten-year-old left back, look much the uglier side.

Amidst uneducated barracking from watching footballers, the Guy's side displayed control, poise, and a very apparent lack of fitness in the opening minutes, but soon crashed to a two goal deficit despite Alan Baird, making his debut, desperately attempting to cover for the right back on both occasions.

Shortly after the second goal, following a shrewd change in formation, Guy's pulled a goal back (Cranston) to end the first half 2–1 down.

The second half saw more changes in formation – Gregg to goal-keeper, Calver to heaven-knows-where, and Dickson to full back where he made many important challenges and had a fine half. Kearney played well at centre-half until forced to retire after attempting to punch a high flying ball. Baird continued to play very solidly.

Up front, Russ looked very fat, Tariq played his finest game for many seasons, while Cranston did little, but shout "Russell Square!"

It was left to Black therefore to level the scores after a fine run by Phipp who put the ball to the buzzing Black bottle who made no mistake with his finishing.

The opposition could then only muster one more serious attack, confidently mopped up by Gregg who displayed a new hair cut and outrageous shorts – looked more like Charlie Carole in goal than a goalkeeper. Guy's meanwhile continued to push forward and were unlucky not to score on several occasions.

The final whistle blew at 2–2, leaving the Hockey side ample time to laugh at Gavin playing football.

Many thanks to John Buchanan and Jeremy Gregg for sharing the goalkeeping and to Sukh for umpiring.

P.S. Russ whined a lot over a disallowed goal!

Team: Buchanan, Khwaja, Calver, Kearney, Gregg, Baird, Phipp, Cranston, Russel, Black, Dickson

NOTE: The Hockey Club has a very full fixture list this season, and I would like anyone who is interested in playing 1st, 2nd, Spiro's or mixed hockey to contact me *via* the Hockey Club Pigeon Hole, Boland House – or come to training, 5.30 p.m. Pavy Gym every Monday evening.

N. P. Calver

CRICKET

St Christopher's Megastars v 2nd XI

This is a story of courage, bravery, guts and a fight against impossible odds. A story of eleven helpless spastics (some more so than others) pitted against a razor-sharp team of finely tuned sporting machines. This is the story of Guy's 2nd XI against the St Christopher's Megastars.

Chris "Dickhead" Dickinson strolled out to the wicket, picked his nose, patted the

crease, and adjusted his optimistically large box. He was duly given "middle" by umpire Dyer, letting loose one of his characteristic leers and exposing his grossly displaced canines. Play commenced shortly after with Raj Purwah opening at the other end, facing the bowling of Mike "Bunter" Bellew. The strains of practice had obviously been too much for the porker, as he was noticeably more rotund than when he had been living in St. Christopher's. Indeed during his residency, his gargantuan appetite had become almost legendary, this due mainly to the fact that he was once observed to eat a family sized bargain bucket of Kentucky Fried Chicken (plus four portions of chips and 7 rolls) all on his own.

Purwah could not handle Bellew's line and length, and Dickinson was joined at the crease by the Great Frank Guppy (who had generously taken time off from his performance of "Rigoletto" at the Royal Opera House). Guppy did not last long and eventually succumbed to the superior pace of Dominic "Whangher" Flanagan. His place was taken by Neale "Calvertron" Calver who had been given 100% N_2O just before the match in the hope that he might smile at some point in the innings. There then followed a good partnership between "Calvertron" and Guppy, before it was broken by the devilish off-spin of Bob "Roll out the Barrel" Dyer. It must be stressed at this point that it was, in all probability, not the pace or turn of Dyer's bowling which caused countless problems for the batsmen, but rather the highly distracting site of his hideous peach-coloured flannelette shorts.

Tim Harris was next in (fresh from his role as the god Zeus in "Jason and the Argonauts"), and duly scored a few runs with the help of Dominic Cox. Dominic was in an excellent mood as he had just had two new anterior crowns fitted which had been specially made for him by the Simon Flynn School of Dental Technology. Bob Coleman was also playing, having obtained maternity leave from the health farm, and so was Robin Russell, but the less said about him the better.

Anyway, the sum of these players' efforts was a paltry 180 – a laughably low score for the Chris's Boys to get. Jamie Leigh did not bat (but had one strapped to his nose just in case), and neither did Bryan Jenkins who unfortunately had his leg broken by a rampaging female wilderbeeste the week before.

The St. Christopher's innnings was opened by Mick "Older Woman" Folley and Mark "Fat Boy" Scriven, both of whom looked decidedly pale and puny after their boat trip to the Norfolk Broads. It must be said that both strode out to the crease with singular confidence (and both strode back shortly afterwards). The "Fat Boy" was surprisingly pleased with himself, as in sharp contrast to last year's match, he had actually hit the ball. Paul Cornish was in next, but after a few predictable "stabs" at the ball, was out to a nasty riser. He later attributed his performance to his six months' stay at the Young Labour Party Conference. Mark "Droopy Moustache" Allington scored a big fat zilch (as expected), as did the dwarf. However, St Christopher's secret weapon was next in – The Great Bellis!

His style was a joy to behold as he gracefully stroked the ball to all parts of the field, to score a massive 2 runs. Interested readers may care to know what his full name is (Bigg Bloated Blubber Bag, Bargain Bucket Brunch Burger, Bread, Brie, Banana, Bhaji and Biriani Bolting Buffaloid Bellis Burger). This may give readers some idea of the boy's girth; suffice to say that players will be using his stomach as a slip catching machine for many years to come!

As usual, the job of saving the day was left to Rick "The Perve" Harty and Liam "Textbook Innings" Broughton. Between them they scored 784 runs before being run out. Bellew scored 3 runs (after causing a temporary eclipse of the sun), and Bob "Roll out the Barrel" Dyer scored none. So, another victory for St. Christopher's by a massive margin of 630 runs! Of the bowling? Well, it was only poor to middling I'm afraid, but Jamie Leigh did introduce a new method of bowling by rolling the ball down his nose (some people estimate speeds in excess of 100 mph!).

Many thanks to all those who played, and in particular Eli Baran who proved most useful in the pre-match fielding practice: he was banged into the ground and players practised throwing at one stump.

Thanks also to Nigel "Biggles" Monologue who provided a spectacular fly-past.

In conclusion, then, a marvelous day's play, and I am sure all concerned are already eagerly looking forward to next year's fiasco.

Hugh Jarce

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BIRTHS

CARNEGIE – to Margaret (nee Lond and Alastair Carnegie a daughter Sarah, born on 12th April, 1984.

DEATHS

BEALES, Stuart Williams, L.D.S. Qualified Guy's 1929. After a short illness. Practiced in Leigh-on-Sea, Essex, before retiring to Dorset. He leaves a widow, Kaye, and a son, John (Guy's 1958–61)

MACKENZIE, Dr. Graham Mackenzie B.Sc, M.R.C.P., L.R.C.S., of Hilton, Natal, South Africa. died on 29th July, 1984 and will be greatly missed by his family and friends.

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

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Passim

Student Grants

Recently, members of the Clubs' Union at Guy's have been urged to write to their parents' M.P.s to complain about the clinical student's grant. The complaint was that the money for the extra weeks' attendance did not increase *pro rata* with the normal grant. Despite a few sympathetic noises from some quarters, nobody seriously expected much good to come of it. However, what very few students and their parents anticipated was the kick in the teeth that the Department of Education has seen fit to deliver.

Until now, despite the iniquity of the grant system, parents were assured of a minimum grant (albeit a derisory £205 p.a.) and tuition fees. Although it is recognised that the majority of students in this country do not have the grant made up to the recommended amount, various benefactions for extra weeks' attendance and travel, as well as the indulgence of the local banks have meant that most students have escaped the debtors' prison, even if they have had to repay their overdrafts once they qualify. All this is to change.

The new measures recently announced will abolish the minimum grant. Not only that; if the parents' "residual income" (equivalent, on average, to £1,000 below gross) is above a certain amount, they will also have to contribute towards tuition fees, an additional £520 p.a.

What is astonishing is that these measures have been introduced by a Conservative government. Those worst affected will be "middle income" families, with "residual incomes" above £13,000. As this will affect quarter of a million parents, it is unlikely that parents of students at Guy's will be immune. The very rich have been able and always will be able to afford to pay for their children's tertiary education. Those parents whose "residual income" is below £8,000 will not have to pay anything. By far the greatest burden will be borne by "middle income" families, and in particular parents of medical students. As already mentioned, most parents obliged to make up the grant do not: what is likely to happen is that the difference between *notional* and *actual* grant for medical students will increase, until we see the tragedy of students having to give up the course because of financial embarrassment.

The Times suggested that the government feels it can get away with this legislation because it is early in its term. What is now required is for *all* students at Guy's receiving Local Authority grants (or not, as the case will be soon) to write to their parental Members of Parliament, voicing their disgust at this latest attack on students, emphasising how particularly unfair it is on medical and dental students and their families.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

***Gazette* Christmas Raffle**

There is still time to return raffle ticket stubs and money for the Christmas Draw, which takes place on 14th December. We extend our grateful thanks to those readers who have already bought theirs.

May we also take this opportunity to wish all our readers a very happy Christmas and prosperous New Year.

Professor A. P. Adams

Professor A. P. Adams, Professor of Anaesthetics, has been appointed Chairman of the Association of Professors of Anaesthesia.

Dr. R. M. Jones

Dr. R. M. Jones, Senior Lecturer in Anaesthetics, has been elected to Academician Status by the Senate of the European Academy of Anaesthesiologists at its recent meeting in Wurzburg, W. Germany.

Dr. Jones has also agreed to be editor-in-chief of the Academy's Year Book of Anaesthesiology. Dr. Jones' editorial board consists of Professor Bergmann of Linz (Austria), Professor Thomson of Basel, Professor Otteni of Strasbourg and Professor Lassner of Paris.

The New Dental Study Unit

The photograph shows the Vice-Chancellor of the University of London officially opening the new Dental Study Unit, which has been constructed within spare space at the top of Guy's Tower, now Floors 31 and 32. The heavy and bulky material for this had to be flown in by helicopter in August 1983.

Sir Cosmo and Lady Mabel Bonsor Scholarship

Applications are welcomed for the award of the Sir Cosmo and Lady Mabel Bonsor Scholarship, which is open to all members of the Guy's Hospital Nurses' League and is awarded in January each year. Grants are made to assist a post registration project and letters of application should contain details of the project, the financial commitments and the present post of the applicant.

The closing date for applications is 17th December, 1984, and should be sent to the Honorary Secretary, Guy's Hospital Nurses' League, Nursing Administration, Guy's Hospital, London, S.E.1.

The Flora Project – Elective Study Awards 1985

The Flora Project for Heart Disease Prevention will present two awards of £1,000 and two of £500 to undergraduate medical students, to support projects relating to aspects of the prevention of heart disease. The ten runners-up will receive £25 book tokens. Applications are to be reviewed and endorsed by the Dean or elective study supervisor of each medical school. Awards will be made to support projects to be undertaken during 1985; however, projects which carry over into 1986 will be eligible. Full application details will be displayed in the medical school from October, 1984. The closing date of entry will be 31st December, 1984.

Guy's Hospital Rugby Football Club
The 200 Wine Club

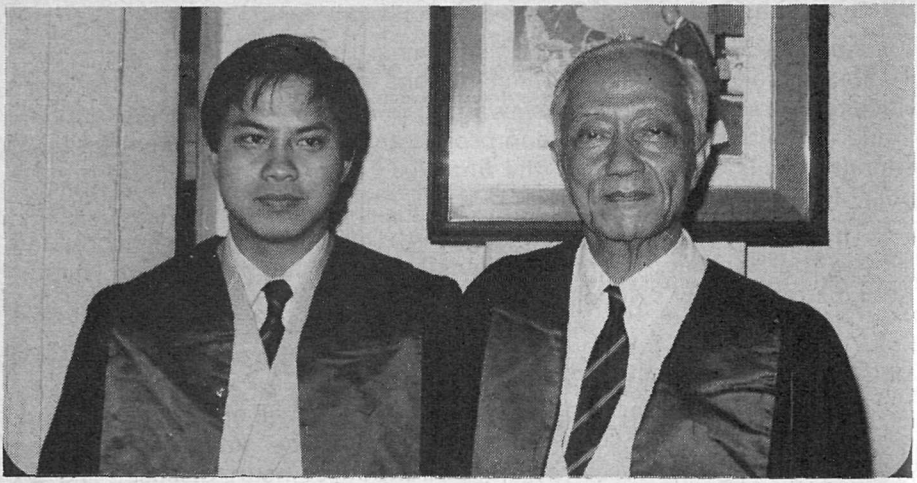
The 200 Wine Club has been in operation since 1981 and has proven to be most popular. At present there is a monthly draw throughout the season and a draw every second month between seasons. Excellent prizes of wine of a very high standard are being offered. A ticket for all the year's draws will be priced at £12 (£20 for two). We would prefer payment by banker's order. Please address all correspondence to:

Ian Francis, Floor 24, Guy's Tower, Guy's Hospital, London SE1.

***Gazette* Christmas Shopping List**

Unfortunately, it has come to our notice that the credit card holders, engraved with the Guy's Hospital crest, were incorrectly priced in the last issue of the *Gazette*. They are 60 pence each (incl. p.&p.), not 40 pence as advertised. Of course the orders already received will be despatched regardless.

Again to remind you, we are pleased to announce several additions to the range of gifts we have suitable for Christmas presents. In particular, there are pewter tankards and goblets, engraved with the crest, as well as playing cards in a crested, leather case. As usual, we continue to sell Christmas cards, shields, keyrings, prints and credit card holders. All these are now available by post and to personal callers. See individual advertisements for details.



Guy's Thai Connection

On the 16th October, 1984, King Bhumibol of Thailand was presented with an Honorary F.R.C.S.(Eng.) by President Sir Geoffrey Slaney, Professor Roy Calne and Mr. Rex Lawrie. The first Thai person ever to hold F.R.C.S.(Eng.) is Dr. Smarn Muntarbhorn, who qualified from Guy's in 1941. He gained his F.R.C.S.(Eng.) in 1945.

Dr. Muntarbhorn performed the first lung resection in Thailand in 1951. He initiated closed heart surgery in Thailand in 1953 and progressed to open heart surgery in 1959. He has recently retired as Professor of Surgery in Bangkok. Dr. Muntarbhorn had dinner with the King and Queen of Thailand at the Boropimarn Palace on the 15th October. He also attended the presentation of the F.R.C.S.(Eng.) in the Chakri Throne Hall at the Grand Palace.

Another Honorary F.R.C.S.(Eng.) was given three years ago to Dr. Kalyanakit Kittiyakara, who is King Bhumibol's brother-in-law. He also trained at Guy's. Up until the presentation of the F.R.C.S.(Eng.) to King Bhumibol, Dr. Smarn Muntarbhorn's son Dr. Kanit Muntarbhorn had been the most recent Thai to have gained F.R.C.S. (Eng.). His son also trained at Guy's, qualified in 1977 and is at present a registrar in otolaryngology at the West Middlesex Hospital, London.

Guy's Hospital Society, Bournemouth and Wessex

The twenty-ninth Annual Dinner of this society was held at the Durlston Court Hotel, Bournemouth. Mr. E. H. Archard was in the chair, and over seventy members and guests attended. Prof. A. H. R. Rowe was the Guest of Honour, and he gave a witty talk on the activities at Guy's during the last year.

At the A.G.M. prior to the dinner, the following officers were elected for the following year: Chairman, Dr. R. D. Hill; Hon. Treasurer, Dr. P. Loxton; and Hon. Secretary, Mr. E. H. Archard.

Devon Guy's Men

The Old Guy's Men of Devon staged a reunion in Exeter on Saturday, 26th September this year to which were invited representatives of Cornwall and Somerset. All were thrilled that George and Brenda Scott could be guests and all enjoyed a most interesting talk by George which reassured those present that, despite R.A.W.P., the D.H.S.S. and various other constraints, the Guy's spirit lives on; even despite the useful logistic advantages of amalgamating with St. Thomas's Hospital, Guy's unique identity is preserved. There followed an interesting slide show showing the mutilation over the last two decades, but also the healing which showed that the "patient" was doing well.

After supper, the evening was rounded off by dancing to a traditional jazz band with all the atmosphere of the "Saturday Night Hops" that were so well remembered.

It is certain that the South West Peninsular Society of Old Guy's Men is here to stay and they are already looking forward to the next reunion in a year's time with a view to holding future reunions biennially alternating with the Biennial Dinner. Sadly on this occasion they were not able to contact all Guy's men working in the Peninsular.

Anybody interested in future events, please contact: Mr. K. M. Pagliero, F.R.C.S., Consultant Thoracic Surgeon, Royal Devon and Exeter Hospital (Wonford), Barrack Road, Exeter EX2 5DW.

Union Shop Christmas Shopping List

Sweatshirts £6.50
Colours – black, white, navy blue, sky blue, royal blue, denim, grey, red, burgundy, green, yellow, pink, raspberry
Sizes – small, medium, large, extra large

T-shirts £2.40
Colours – black, white, navy blue, sky blue, royal blue, grey, red, burgundy, green, yellow
Sizes – small, medium, large, extra large

Sweaters £11.60
Colours – black, navy blue, red, camel, beige, green, sky blue
Sizes – 34" – 46"

Tracksuits £16.00
Colours – black, navy blue
Sizes – extra small, small, medium, large, extra large

Jogging Suits £13.55
Colours – navy blue, grey, burgundy, red
Sizes – small, medium, large, extra large

Guy's cufflinks £5.50

Guy's lapel badges and tie pins £1.80

Guy's crested tie £3.50

Guy's striped tie £2.15

Rugby tie		£1.25
Guy's blazer badges		£2.70
Guy's blazer buttons	2½cm	£2.40
	1½cm	£2.25
Guy's scarf		£7.65
Guy's and U.L.U. scarf		£6.90
Hockey socks		£2.60

Hockey and Rugby shirts also available

Please make cheques payable to "Guy's Hospital Medical School" and enclose 50p postage and packing (£1.00 for heavier items).

Lithographs

The Friends' Flower Shop has for sale framed and unframed lithographs by Albany Wiseman of the Facade of Guy's House from St. Thomas' Street. This is a very attractive limited edition and readers interested in securing a copy should contact the Flower Shop as soon as possible.

Prices are: framed £50; unframed £34.50.

Guy's Evelina Children's Hospital Appeal

A very successful and productive joint sponsored walk took place on 22nd September. It was organised by Tom Eames, Ginnie Hale and Ann Whitehorn of Guy's Speech Therapy Department. The proceeds were shared by the Evelina Children's Hospital Appeal and the London Hospital Scanner Appeal.

The presentation of cheques was made on 25th October by Barry Norman, patron of Lary's Club, at a very convivial gathering. We all had the pleasure of meeting members of Lary's Club and of Hobson's Choice Club (London Hospital) and those who took part in the walk, many of whom completed more than 20 miles. Harry Guy, descendant of Thomas Guy, led the walk through the markets of the East End and made a major contribution to the fund-raising project. All the walkers had recovered quickly from this demanding trek.

We would like to give our thanks again to the Speech Therapy Department for their generosity and to all those who participated in this rewarding venture.

Guy's Film Society

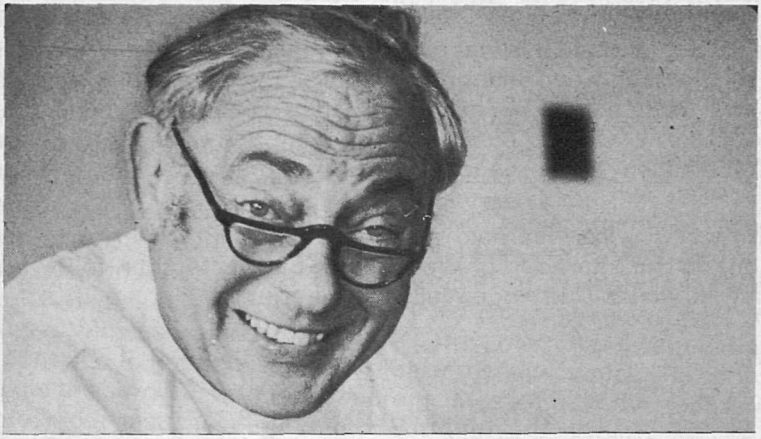
Guy's Hospital Film Society is back, after lying low for six years, under the guise of Peepshow Productions, and is proving to be a tremendous success. The first film, "Tootsie", preceded by an extremely popular Donald Duck cartoon, was shown before a full house in the Anatomy Theatre, in the Medical School. Their aim is to show popular and artistic films and also to do some production work. Forthcoming attractions include Gallipoli, The Tin Drum and The Exorcist. Any suggestions for future films are welcome.

Obituaries

C. H. Blockley, L.D.S. R.C.S., D.D.S., F.I.C.D.

"Well, I've had sixty-eight happy years, so I can't complain" wrote Clive Blockley in March this year shortly after being told that he was suffering from myeloid leukaemia. He bore the drastic treatment with typical cheerfulness and fortitude and seemed to be winning the battle, but, while on holiday with Doreen and two grandchildren, he died suddenly on 27th August.

Clive left Haberdasher Aske's school to go to Guy's Hospital, qualifying in 1939. He was awarded the Newland-Pedley travelling scholarship which enabled him to study at Northwestern University where he was given the Montgomery Ward scholarship and gained his Doctor of Dental Surgery degree in 1940.



He returned to England, married Doreen Haselwood and joined the Army Dental Corps which meant that after only a year at home he had to spend nearly four years overseas, mainly in the middle East with maxillo-facial units.

On demobilisation in 1946, he decided to join Scott Page in private practice in Tunbridge Wells and spent the next thirty-four years making sure that his patients, his partners and his staff enjoyed every contact that they had with him. Dentistry is a taxing profession and there are not many dentists who can remain as cheerful week-in and week-out as Clive invariably was. It was rare indeed that Clive was seen downhearted and that was never for more than a few minutes.

Clive's humour was irrepressible, and to an inexhaustible supply of jokes old and new, he added a quick wit and an infectious laugh. It was impossible not to be drawn into his cheerfulness when he was around. He could never see the point of being miserable and sorry for oneself and tried to make sure that his patients, his staff and those who worked with him left him more cheerful than when they joined him.

Clive was Senior Dental Officer and later Consultant Dental Surgeon at the Kent and Sussex and Pembury Hospitals from 1947 to 1980. His good working knowledge of oral pathology and general medicine allowed him to build up a good relationship with his colleagues on the staff of both hospitals and his sound advice and treatment was highly valued. He was Vice-Chairman of the League of Friends of the Kent and Sussex Hospital.

He loved professional life and belonged to many dental societies including the British Dental Association of which he had been Chairman of the local Section. He was President of the American Dental Society of London in 1969, and of the American Dental Society of Europe in 1980. He was a Fellow of the International College of Dentists and a Liveryman of the Worshipful Society of Apothecaries of the City of London.

Clive was also an accomplished sportsman, with a good eye for a ball. He was a formidable lock forward, as those of us who have played against him can testify. A good sailor, he was an able and competent crewman and always great fun to have aboard one's yacht. He took up golf at a later stage in his life and succeeded in winning a number of impressive cups.

First and foremost Clive was a great family man and was tremendously proud of his son, two daughters and six grandchildren. Since his retirement, Doreen and he had spent their time helping his younger daughter Frances with her business, gardening and generally enjoying life to the full as always. We mourn the loss of a man whom none of us will forget.

A funeral service was held at the Church of St. Peter and St. Paul, Wadhurst, on the afternoon of Wednesday, 5th September, followed by a cremation service at Tunbridge Wells Crematorium.

J. P.

R. D. Ogston, L.D.S., R.C.S.

Old Guy's men will be sad to learn of the sudden passing of Robin Ogston on 1st October, 1984.

Educated at Highgate Grammar School, he entered Guy's in October 1933. He soon became a very popular student; apart from his studies, he was a good rugger player and very apt musician. He had a very fine baritone voice, and was repeatedly seen in the Guy's Gilbert and Sullivan performances at the old Scala Theatre.

After qualifying, he was appointed to the orthodontic department under F. Bouquet Bull and Ernest Rix. He had a great affinity for children, who adored him, with his impish and kindly way of treating them.

On leaving Guy's, he joined the Royal Army Dental Corps, where he served all through the War, leaving the Army with a field rank.

After the War, he joined a practice in Hazlemere for a short period, but he wished to organise his own practice; he later set up practice in Hindhead, where he worked until he died. He leaves his practice with four partners still going strong.

An extremely likeable and lovable man, he spent much time travelling, studying and writing books about dentistry. He was always "on the ball" and up to date with his techniques.

He will be sadly missed by all who knew him. His partners, staff and family were all at his memorial service at St. Luke's Church, Grayshott. The church was full.

A dear Christian man whom all respected and looked up to. We extend our sympathy to Pauline, his widow, and his four children.

C. F. H. B.

Dr. Pamela M. Ordish, M.B.B.S., F.F.A.R.C.S.

Friends will be shocked as well as saddened by the death last month, aged 57, of "Pam", after a brief and unexpected illness. Qualifying in 1953, she was one of Guy's earliest women graduates, and one of a devoted Guy's family. Her dental surgeon father Fairman, and her brother Dr. Brian, predeceased her, and our sympathy goes to her sister Rosemary, who years ago gave up her Guy's nursing to care for the family on the premature death of her mother.

Pam was a rich character and a true all-rounder. She was full of enthusiasm for all she did: her profession, her home and village, music, rugger, politics as well as adventure and travel and the outdoors – indeed for all the good things of life.

Others can comment better than I on her achievements as Consultant Anaesthetist at Warwick and Leamington, but I remember her early on, keeping alive, to full recovery, a severe case of tetanus, and her excitement as Senior Registrar at St. George's about the then new "deep freeze" techniques which she carried with her to Coventry. She recently took early retirement due to her persistent arthritis of the hips, which she confronted, as she did the surgery, with quiet courage. Most of her contemporaries will remember our last meeting at the 25th anniversary party for the Guy's "Class of '52–53". Despite considerable pain, she was her old joyous, funny, shy, bloody-minded, not to say riotous self. Her friendship was an enrichment to us all.

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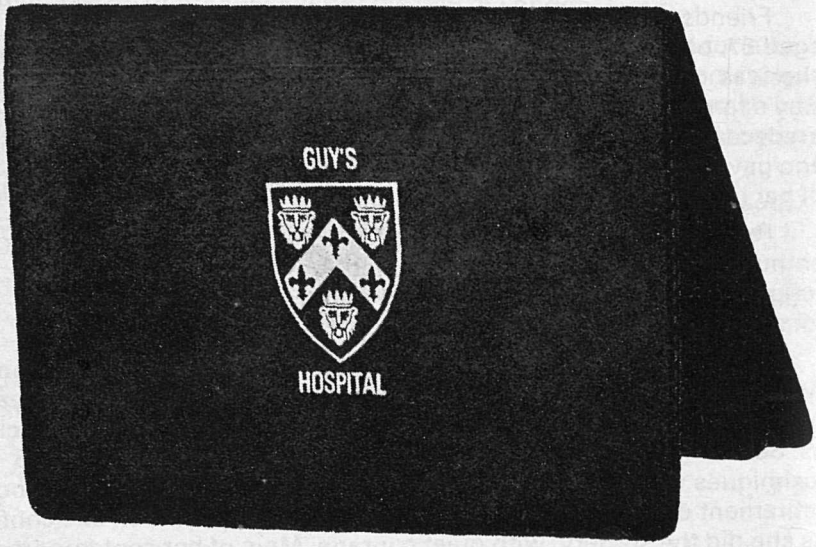

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Clubs' Union News

Up till now, I have managed to fill this news with items of a general nature and have avoided mentioning the bar – a topic of excruciating boredom to some and all-consuming interest to others. However, perhaps now is a suitable time to look back over the last year, or so, review the present situation and predict the future.

Guy's is surrounded by many pubs and wine bars (at least thirty within half a mile) and the bar has always been available to offer an alternative to these. Those people who would like to see plush carpeting, smart furniture and a less sleezy atmosphere cannot appreciate the fact that the bar's main attraction to its regular customers is its basic quality, where students may relax in a rather more uninhibited way than would be acceptable in local pubs. This is not to say that the present decor is optimal, but certain factors have hindered refurbishment, not the least of which are last year's Bar figures. £87,890 was cashed last year which was £6,000 short of theoretical sales calculated from the stock used. This shortfall, together with other unnecessary expenses (such as £790 on replacing glasses), resulted in a net loss on the year of £1,400. Clearly, capital expenditure cannot be justified with such a financial state.

The question of behaviour and security was raised in last month's *Passim*. As I have said, a certain degree of rowdiness and high spirits is part of the character of the Bar. It should also be emphasised that in my experience girls have not been intimidated or unduly concerned about going down there. Concern was also expressed about outsiders gaining access and being served. In fact, since shortly after the original incidents, care has been taken not to serve outsiders and, in case of doubt, asking for Union cards. In addition, as an extra precaution, security guards are now being employed to sit on the door during risk periods.

Clearly, high in priority amongst the plans for the future is finding a way to reduce the shortfalls and Bar losses. Measures to persuade people not to take home their glasses or remove and break bottles (thus losing the bar the deposit money) have already been put into action, with some success. However, the question remains whether the use of untrained bar staff, who may not all have the highest standards of professionalism, is not bound to lead to this high level of losses. If the bar is one day to make a reasonable profit, then students may have to resign themselves to having a permanent evening Bar Steward. Unfortunately, in the interim, prices have been raised by 7% to recoup last year's losses, a trend which may have to continue.

J. R. Edwards

Guy's Hospital Gazette

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The Griffiths Report – A Local Perspective

by Mr. Max Rendall

It may reasonably be asked whether the National Health Service deserves or can cope with yet another reorganisation, for the implementation of the recommendations of the Griffiths Report will amount to a series of major changes. Were the effects merely to be cosmetic, there would be no justification for their adoption at a time when the service is just settling down from the last major upheaval. Few large enterprises can have had to contend with so many reorganisations, reports, committees, Royal Commissions and Government dictates, and it is a tribute to the N.H.S. and all who work in it that it has survived this trial by initiatives, and that it continues to meet the needs of society as well as it does.

Although it is not fashionable to say so, the Health Service has a very proud record, and in many particulars it can stand favourable comparisons with systems in other countries. Perhaps most remarkable, is its overall value for money, and its impeccable record for not exceeding its budget year after year, a feat achieved by very few public enterprises. These are two major achievements which might seem to suggest that there was not a lot wrong with the management of the service. The Griffiths Report, though, was a management enquiry. It sought to determine whether or not the current arrangements for the management of this huge undertaking were appropriate to the challenges and circumstances of a rapidly changing society. There is perhaps a hint of its conclusions in the use of the word "management". To a clinician, management usually refers to the way he or she looks after a patient, while the task of running the service is one for administrators. Administration is a more restricted process than management since it is concerned with carrying out predetermined policies, while management implies formulating and implementing the best way to reach a desirable goal. It is a constantly reactive business in which the objectives and the means of reaching them are continuously reviewed and modified, and at its best and most effective involves risk-taking and clear lines of responsibility.

That management in the Health Service has left something to be desired in the past should not be particularly surprising. Health care is a very complex and difficult activity notable more for the differences than the similarities between it and the commercial organisations, from which most management techniques originate. To take but three examples: it is difficult, if not impossible to agree the organisational objectives of a hospital which are sufficiently specific on which to base management strategy; there are no agreed output measures or "product" of health care; and medicine spends the majority of its resources on the least profitable risks. Add to these peculiarities the reconciliation of burgeoning technology, public expectations and diminishing cash limits, and it is easy to see what formidable problems management must shoulder. How many times

has one heard that "getting something done in the N.H.S. is like wading through thigh-deep treacle"? Responsibility is often too diffuse. Crisis management is all too commonplace. And on top of all this are statutory limits on the amount of money which can be spent on management which are much below comparable figures in other countries, or commercial organisations at home.

What then does Griffiths propose which will stand a reasonable chance of changing all this? We might understandably be sceptical that merely changing structures will achieve much – old N.H.S. hands have seen that before and know it doesn't work. Nor is there a suggestion that there is some new wisdom to which the N.H.S. can have access. The Report stresses the importance of sound and tried management practices such as definition of objectives, clear lines of responsibility and accountability, realistic planning, and devolution of decision making, all of which have featured in previous attempts to improve performance in the N.H.S. The four main recommendations made in this report are the appointment of general managers, the presence of powerful policy determining machinery within the D.H.S.S., the increased involvement of clinicians in management, and the need to introduce clinical budgeting.

The term "general manager" is not always properly understood, but it means that one individual is ultimately responsible for all management, not simply the work of his or her own discipline or activity (which is called functional management), and it is central to the Griffiths Report that such a general manager will not represent the interests of his or her own discipline, be it administration, medicine, finance or nursing. In the words of the Report, general management means that "an organisation will plan, act on, control and measure its decisions and actions effectively and efficiently." Consensus management has worked reasonably well in many cases in the N.H.S., but it inevitably leads to "safe" and impersonal decisions, and inhibits risk-taking and personal flair and style. The lessons of the commercial world are that these are very important qualities, and the opportunity will exist in the N.H.S. to reap the benefits of this change of emphasis.

There are sound general reasons for having a strong unified body within the D.H.S.S. to advise the Secretary of State on major strategic decisions, and the Health Services Supervisory Board is proposed to fulfil just this role. It is also intended to set up, again within the D.H.S.S., an N.H.S. Management Board to undertake those management tasks which must be undertaken centrally, such as implementing the policies of the Supervisory Board and reviewing the performance of the Regional Health Authorities, to be chaired by a forceful and independent minded figure. All the evidence suggests that the Senior Civil Servants in the Department have succeeded in emasculating this post, which they correctly saw as a grave threat, and so far nobody has been found who is prepared to take on this job. This must be regarded as predictable, but very unfortunate.

The stress which the Report lays on increasing the role of clinicians in management is bound to place many individual doctors in a dilemma. The

relatively few who have up to now become really involved have risked being seen as "one of them, not us" – of collaborating with the administration. The real issue today is that it is impossible to fulfil such a role without being party to unpleasant and potentially damaging decisions, and being prepared, either as a general manager or as a member of a district or unit management board, to defend those decisions and implement them. The days of a token doctor able to sit on the fence and be all things to all people have gone. Many clinicians see in this new situation a threat to their professional freedom to which they cannot and must not submit. It is an understandable position, but one which I believe to be wrong, for in the last analysis if we are too fastidious to play our part in this increasingly messy process we will forfeit our right and ability to influence decisions as we must.

Clinical budgets are seen by the report as the only way in which clinicians can be drawn into a full realisation of the financial consequences of decisions about patient management, and hence make rational decisions about the best use of what money there is. They present many problems, most notably that of determining the clinical commitment for which the budget must pay, for few would accept a finite sum of money to treat an infinite case load. It is also essential to produce accurate and timely financial information for budget holders, and few hospitals currently have the systems to do this. Nevertheless the concept is relatively uncontroversial and is probably regarded by the profession as a logical step.

The general philosophy which is apparent at all stages in this report is the need to experiment and to suit local solutions to local problems. It does not seek to be prescriptive, and this is one of its welcome features. This is recognised in the implementation document which requires district authorities to propose and discuss management arrangements tailored to their own needs based on the report's recommendations, and it is of interest to describe briefly where we are now at Guy's. The Health Authority has decided that there should be a District General Manager, and has appointed Peter Griffiths, currently the District Administrator, as designate to this post. There has been extensive discussion of a number of ideas on how the hospital based and community services should be run, in which the consultants throughout the district have taken a very active part. The thinking has been much influenced by the novel and successful approach to management taken some ten years ago by the Johns Hopkins Hospital in Baltimore, with which Guy's has long and close links. Two main, and to some extent contradictory objectives emerged – the need to unite and integrate services at Guy's and Lewisham Hospitals as soon as possible, and the necessity for practical reasons to have well defined and natural units of management. The current proposal is for three units – Guy's, Lewisham, and a Priority Care Unit. Each should appoint a general manager who would be chairman of a unit management board, and each would sit on the District Management Board, chaired by the District General Manager. It is also suggested that in the two large hospital units clinicians should be appointed as clinical directors of medicine, surgery, paediatrics, etc., who would be members of the unit management board following the Johns

Hopkin's model. They would fight for the interests of the services they represent, reach a collective decision, and then, like the cabinet, defend and implement the collective decisions of the Unit Management Board. These arrangements would also be consistent with the management of clinical budgets for which clinical directors will have overall responsibility. The district has for sometime been prepairing for the introduction of a particular kind of clinical budgeting known as PACTS, the initials standing for Planning Agreements with Clinical Teams, in which prospective "contracts" to treat a known number of patients of a roughly agreed case mix for a given sum of money, are concluded with clinical firms, or departments or individuals. It is an interesting approach which will no doubt be the subject of an article in the *Gazette* in due course. There is also a need for a district wide body to consider major strategic issues, and to initiate overall planning; exactly how this will be done remains to be decided. It must be stressed that it is too early to be more specific about the local management arrangements which are still open to consultation, and probably will be modified in the light of comments. They will be considered by the D.H.A. shortly and implemented in April, 1985.

It remains to be seen what impact the Griffith's report will have on the N.H.S. In no sense though is it to be seen as merely tinkering – it will bring major changes. Up and down the country there may well be a few disasters, probably some notable successes, and perhaps many districts where there will be no major impact on the services offered. The report is well timed (and unusually well written) and it has a number of things going for it. The inexorable financial pressures of the last few years have changed medical attitudes in a way hitherto unknown. The proposal for short-term contracts for general managers, though uncomfortable, must surely be right, and there is just a chance that Roy Griffiths may have given the service the opportunity it needed. To the pessimists and cynics it may be old medicine in a new bottle, but to the optimists it may be a way to release and harness the energy, enthusiasm and commitment which the N.H.S. so desperately needs, and happily there are plenty of optimists about.

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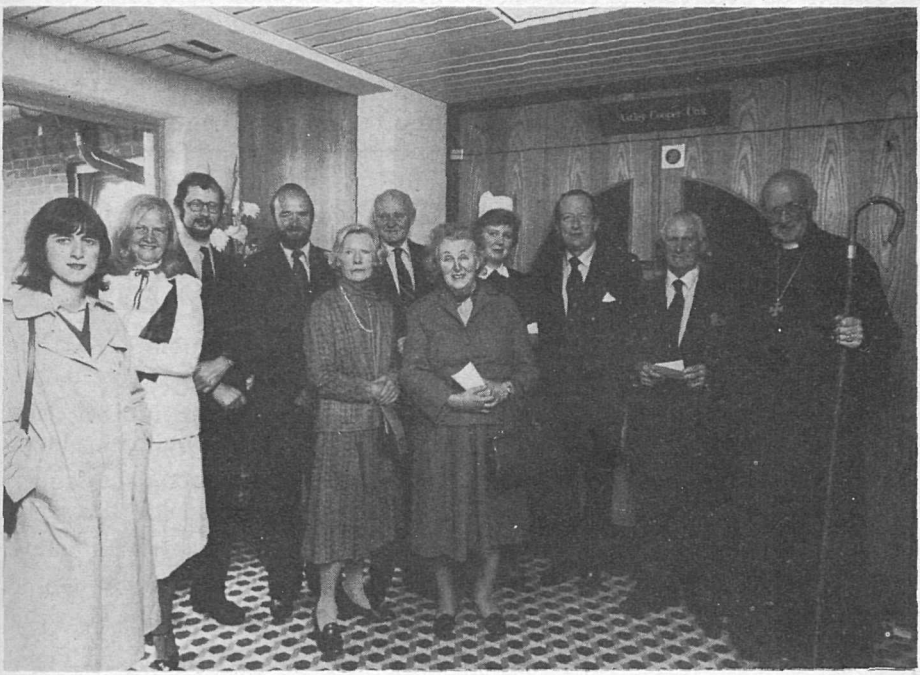
Astley Cooper Unit, BUPA Hospital, Norwich

by Anthony Batty Shaw, M.A., D.M., F.R.C.P.

Sir Astley Cooper, Guy's most distinguished surgical son, was born at Brooke, a village seven miles south of Norwich, in 1768. Here there is a memorial to him in the parish church where he was christened and, as an outcome of the events held in Norfolk to commemorate the two hundredth anniversary of his birth, a plaque in his memory that was erected two years later on the remaining garden wall of the house, now demolished, where he was born (*Guy's Hospital Gazette* (1968) **82**, 630–2; *Eastern Evening News*, Norwich, 12th September, 1970).

Astley Cooper is now commemorated in a third way in his native county at the BUPA Hospital Norwich, opened in October, 1983. One of its two units (wards) has been named the Astley Cooper Unit and the second the Edith Cavell Unit, after one of Norfolk's famous daughters who, like



Dedication of the Astley Cooper Unit, BUPA Hospital, Norwich, 18th September 1984

From left to right – Mrs. Patricia Snodin, elder daughter, Mrs. Margaret Cooper, daughter-in-law, Michael Snodin, son-in-law, the Honourable Alexander Paston Astley Cooper, son, Mrs. Joan Astley Cooper, cousin by marriage, Major Gerald Astley Cooper, first cousin, Lady Audrey Astley Cooper, wife, Miss Katherine Denham, Dr. Anthony Batty Shaw, Sir Patrick Astley Cooper, 6th Baronet, the Rt. Rev. M. A. P. Wood, Bishop of Norwich.

Sir Astley, was the child of a Norfolk country parson. Both units were named and dedicated by the Bishop of Norwich on 18th September, 1984, in the presence of eight members of the Cooper family and several members of the Cavell family.

The accompanying photograph, taken at the dedication ceremony shows the eight members of the Cooper family (and in its legend their relationship to the present baronet), two Guy's trained persons, Katherine Denham, Matron of the BUPA Hospital, Norwich with the author of this account, also the Rt. Rev. M. A. P. Wood, Bishop of Norwich whose wife Margaret (*née Sandford*) and younger daughter Jane both trained as nurses at Guy's Hospital.

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Lord Nuffield and Nuffield Place, Oxfordshire

by Dorothy Silberston

In the December issue of the *Gazette* I wrote about the Friends' Organization it was hoped to set up for Nuffield Place, Lord Nuffield's former home.

This followed an appeal for Friends in a letter to *The Times,* also late in 1983, signed among others by the Presidents of the Royal Colleges of Surgeons and of Obstetricians and Gynaecologists.

The response has been encouraging and a steering group now exists to get a Friends' Organization off the ground. The Group is also considering the financial and administrative details which need to be ironed out so that Nuffield Place can be open for visits by members of the public on a regular basis.

Nuffield College, Oxford, owns Nuffield Place, and, in sympathy with the wishes of their benefactor, to whom, like Guy's, they owe so much – their very existence in fact – the Warden and Fellows have kept the house, and Lord Nuffield's possessions in it, much as they were when he and his wife lived there.

For some time Oxfordshire County Council has been negotiating with the College over the terms for assuming administrative control, so that the public can have access to Nuffield Place. This will not be achieved without the support of an independent friends' organization. Please help to preserve Nuffield Place and make it available to everyone by becoming a Friend. An application form is provided.

****

To: J. A. Bateman, The Friends of Nuffield Place, County Museum, Fletcher's House, Woodstock, Oxford OX7 1SP.

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(*cross out whichever does not apply).

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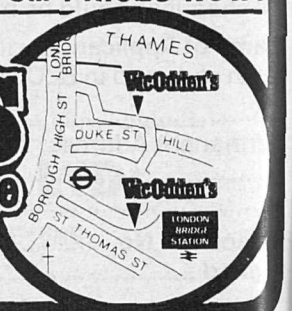

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Guy's Hospital Parachute Club – The Evelina Jump

by Geoff Tothill

If you had been standing outside Boland House at seven o'clock on Wednesday, 29th August you would have seen a small group of medics, nurses, and radiographers gather on the steps of the hospital in the chilly breeze of the morning.

Few of the group had met before, but all soon discovered that they had spent equally sleepless nights contemplating their first parachute jump with the club – one to be made in aid of the Evelina Children's Hospital Appeal, thanks to the work of Sheena Pollock (see the August edition of the *Gazette*).

By 7.30 a.m., the minibus was on its way to Headcorn Airfield in Kent and a day's intensive training. All the instructors at Headcorn are British Parachute Association trained and the day's lectures covered everything from safety (both in the aircraft and outside) to canopy control (to help parachutists avoid landing on the numerous sheep, trees, or in the rivers and other hazards in the drop zone).

By mid-morning coffee the group was falling into two distinct groups, the . . . "I don't mind getting out of the aircraft, I just don't want to land" – group . . . and the . . . "landing is OK, it's the thought of dropping out of the door that frightens me" – group.

Both spent coffee break arguing with each other before being dragged off to practise parachute landings in the gravel pit behind the aircraft hangar.

By mid-afternoon, the skies were clearing and the windspeed falling below the permitted maximum of 10 knots; the sun was shining, and as the group did their last mock exits out of a dummy plane on the ground, we waited to hear if we were being allowed to jump that evening.

An hour later it became obvious that the weather was closing in again and we would have to hope for better weather on the Thursday. The airfield closed down, and after an evening meal at the local pub, we all retired to our tents and huts for the night.

The following day dawned cold and clear, but we were again unlucky with a cloud base developing at 1200ft. by lunchtime. The cloud broke up at about four o'clock and the first load kitted up and were taken up to 2000ft., only to be brought down again due to high wind speeds.

In the end we had to return to London all disappointed, but resolved to return on the following Saturday afternoon. Saturday morning was deceptively cloudy, but a phone-call to Heathrow's Met Office confirmed that we should have three hours' good weather over Headcorn later that afternoon. After much hurried phonecalling, the group gathered again at

the airfield, and by five in the evening were standing in their kit on the manifest line – this time with clear skies, everything for real.

As the aircraft pulled away from the runway, the first load disappeared into the sky, and the remaining six individuals watched as a small pair of legs appeared in the door of the aircraft 2000ft. above their heads. Seconds later a body dropped from the door and a bright orange and red parachute opened above it.

The entire first load landed in the drop zone (a minor miracle on such a windy day) and they came clambering across the fields, canopies in hand, all swearing to go back up and grinning with relief.

I am pleased to say that since then Sheena Pollock has made four jumps and is close to being cleared for free-fall and Annette Winfield (3rd year nurse) has made two both deemed to be G.A.T.W. (Good All The Way) by her instructors.

The money raised has since been presented to the Evelina Children's Hospital Appeal.

Thanks to everyone who made the training and jump a success, in particular C&B Coach Hire who kindly provided the transport to and from the airfield.

Homicide: The Law and Forensic Pathology

by **Stephen Cordner**

Homicide is a generic term which includes murder and manslaughter. Murder is a common law offence; that is, there is no statute which defines it. The classic definition was given by Coke, Lord Chief Justice in the early seventeenth century.

> *"Murder is when a man of sound memory, and of the age of discretion, unlawfully killeth within any county of the realm any reasonable creature under the King's peace, with malice aforethought, either expressed by the party or implied by law, so as the party wounded, or hurt, die of the wound or hurt within a year and a day."*

"A man of sound memory and the age of discretion" is one who is not insane and does not suffer from diminished responsibility, and who is over the age of ten. *"A reasonable creature"* is a human being, but not a fetus prior to the achievement of a separate existence. Separate existence does not mean that the cord must have been cut, but that the child should have a separate circulation and should have breathed. However, this is an area of some legal controversy. Death within a year and a day is an arbitrary rule to prevent a person being indefinitely at risk of prosecution for murder. The relationship between the injury and death must be that the injury accelerated the death. It makes no difference that the victim is already suffering from a fatal disease or injury.

The *mens rea* of murder is the *"malice aforethought"*. This has been a controversial area over the last thirty years. There have been a succession of cases developing and altering what elements must exist in the accused's mind for the charge of murder to be proved. The law seems to have settled in the following manner. The accused either:

(a) Intended the acts which caused death and intended that the acts should cause death;

or

(b) Intended the acts which caused death and was reckless about whether or not death would follow.

Recklessness can be defined as foreseeing the consequences of one's actions, and, although not intending to bring them about, consciously running the unjustifiable risk of them happening.

Absolute Defences to a Charge of Murder

(i) There is an irrebuttable presumption that a child under the age of ten is incapable of committing a crime. If a child is used as an innocent agent, then the adult becomes the principal offender, not just a party to the crime. Between ten and fourteen, there is a rebuttable presumption that a child is incapable of committing a crime. To overcome this presumption,

as well as proving all the other elements of the crime, the prosecution has to show that the accused committed the act with *"mischievous discretion"*. This means that the child has to know that the act was gravely or seriously wrong.

(ii) Proof of insanity results in a verdict of *"Not Guilty by Reason of Insanity."* Because this usually results in indeterminate detention in a special hospital, it is not in the interests of the defence to mount this as a defence. Most often the issue is raised by the prosecution. The issue may arise before the trial when the accused may be found unfit to plead. This relates to his condition at the time of the trial, not the offence. It may arise during the trial as a defence to the charge, and is decided by applying the McNaghten Rules.

(iii) If the accused is acting under a mistaken apprehension of the facts, then this may be an absolute defence. If the facts had been as the accused mistakenly believed them to be and his subsequent conduct would not then have been a crime, an acquittal will result. Such situations include accidents, where, for example, it may be mistakenly believed that a gun is empty. The rationale of this defence is that the accused cannot have intended the act or its consequences if he held the mistaken belief. (In this particular example, however, there may be a sufficient degree of negligence involved to satisfy a charge of manslaughter).

(iv) Section 3 of the Criminal Law Act, 1967, states:

"A person may use such force as is reasonable in the prevention of crime . . ."

Reasonableness will obviously depend on the circumstances and presumably the crime must be serious before killing will be excusable. In self-defence, one would be preventing a crime and the extent of the self-defence that would be justifiable will depend on the severity of the crime prevented.

(v) The defence of necessity is controversial. In *R. v. Dudley and Stephens (1884)*, the necessity for self-preservation was no defence to a charge of murder arising out of the killing and eating of a cabin-boy by shipwrecked sailors adrift in an open boat and without food. In the same way, at the present, the fact that a murder was committed under duress (threat of death or serious personal injury) does not act as a defence. The defence of duress is available for all other offences.

Manslaughter

Manslaughter is usually divided into two categories: Voluntary and Involuntary. In the former, all the elements for murder are satisfied except that the accused has a defence reducing the murder to manslaughter. Involuntary manslaughter covers those situations where the prosecution cannot show *"malice aforethought"* but, nonetheless, the accused has unlawfully killed someone.

Voluntary Manslaughter (Relative Defences To Murder)

In a trial for murder, it is always open to the jury to return a verdict of manslaughter if one of the following defences are proved:

(a) PROVOCATION:

For this defence to succeed, the jury have to be satisfied that the accused lost his self-control, that the reasonable man would have lost his self-control in similar circumstances and that the reasonable man would have retaliated in the way the accused retaliated.

(b) DIMINISHED RESPONSIBILITY:

This defence, reducing murder to manslaughter, was introduced by the Homicide Act, 1957. Section 2 states:

> *"Where a person kills . . . another, if he was suffering from such abnormality of mind (whether arising from a condition of arrested or retarded development of mind of any inherent causes or induced by disease or injury) as substantially impaired his mental responsibility for his acts and omissions in doing . . . the killing" he will be convicted of manslaughter.*

Most cases which would previously have raised issues of insanity are now pleaded under this section. This is because the Court has a much wider discretion in sentencing than the indeterminate sentences that follow successful insanity pleas.

(c) INFANTICIDE:

This verdict is returned, if it is shown that:

(i) A woman kills her child who is under 12 months old;

(ii) The woman's mind was disturbed by reason of not having recovered from the effect of giving birth or the effects of lactation.

Infanticide is dealt with by the Court as manslaughter.

(d) SUICIDE PACT:

If a person kills another pursuant to a suicide pact, then the correct verdict is one of manslaughter.

Involuntary Manslaughter

This is the killing of another without the requisite mental intention (*"malice aforethought"*).

(a) GROSS NEGLIGENCE.

It is not sufficient to satisfy this head of manslaughter that the accused was careless, although such carelessness may well be sufficient for liability in civil law. It seems that the negligence required must *"show such disregard for the life and safety of others as to amount to a crime against the State and conduct deserving of punishment"*.

Cases decided under this head have usually involved situations where there has been a pre-existing duty of care. For example, in *R. v. Stone and Dobinson* (1977), the accused were found guilty of manslaughter for failing to obtain medical treatment for a person staying with them who had anorexia nervosa. In *R. v. Smith (1979),* the accused husband was found guilty of manslaughter both for failing to seek medical atten-

tion for his wife, until it was too late, and, when in fact a doctor was called, for failing to give the full circumstances, such that the doctor did not attend until after the wife's death.

(b) UNLAWFUL ACTS.

Here, the accused carries out an unlawful act and is grossly negligent as to the causing of personal injury. The unlawful act must be one such that reasonable people would inevitably recognise that there was a risk of some harm resulting to others. Convictions here include one of a person throwing large stones from a bridge onto a train below. In *R. v. Larkin (1943)*, the accused threatened the victim with a knife. The victim was drunk, stumbled and fell against the knife, and was killed. The accused was guilty because he was performing an unlawful act which was likely to injure someone.

The Contribution of the Forensic Pathologist

In a case of homicide, the forensic pathologist has two main functions. First, he assists the police in the investigation of the death, a role which will not be considered further here. Secondly – and this is the function with which this article is concerned – he assists the Court in two ways: by providing information which the Court will use to help decide the guilt or innocence of the accused; and, if the former, of what category of homicide.

(a) CAUSATION.

In a charge of murder or manslaughter, the prosecution will be able to prove the facts of the case with more or less difficulty. Occasionally, one of the difficulties involves causation: did the acts of the accused actually caused or accelerate the death of the victim. This is not a problem if there are, say, three stab wounds to the heart. Problems can arise, however. Take for example an elderly man, with moderate congestive cardiac failure, who is deliberately pushed over in the street and as a result breaks three ribs. He spends a week in hospital and two weeks after his discharge he dies from a massive pulmonary embolus. The first response might be that there is a direct causal connection between the assault and the pulmonary embolus. However, there is also a direct connection between congestive cardiac failure, deep vein thrombosis and subsequent embolization, which the defence will posit as the mechanism in this case. Despite opinions that the assault has at least contributed to the formation of a deep vein thrombosis, in the end, most would probably concede that there is a possibility that the deep vein thrombosis could have occurred anyway without the fall and the week in hospital.

Another not uncommon situation involves a fight between two men during which one collapses and dies. The post-mortem shows small facial lacerations, some bruises and a fresh coronary artery thrombus in vessels with significant atherosclerosis. Techniques of ageing thrombi are imprecise, so it may not be possible to say whether the thrombus occurred hours before the fight or during it. Either way, it could be argued that the exertion was either too much for a severely compromized heart with a re-

cent thrombus, or the exertion precipitated the thrombus itself, perhaps by rupturing a plaque. Given that the accused must take his victim as he finds him, with all his physical defects, it seems reasonable that the victim's death has been accelerated by the fight. The defence will suggest that, given the thrombus, death could have occurred at that time anyway. If that is a possibility, then it cannot be said, beyond all reasonable doubt, that the accused's acts accelerated the death of the victim. The response to that might be that he did not die at any time, but in the middle of the fight. How such an argument ends will depend on how well the defence is briefed, and the persistence and clarity of the pathologist. The charge would not have been brought in the first place unless the pathologist were firm in his conviction that the fight caused the death. These two brief examples highlight some of the problems involved in establishing that the accused's acts actually caused death.

(b) RECONSTRUCTION OF EVENTS.

The Forensic Pathologist is often able to offer at least a partial reconstruction of some of the events leading to death. This is important for two reasons. First, in a charge of murder, as noted above, the prosecution has to show that the accused had the requisite mental intent. If the accused has not confessed, this can only be shown by inference. That is that the circumstances and injuries are such that the accused must have intended not only the acts, but also that those acts should kill the victim. To this end, the Court will be very concernced with the Forensic Pathologist's interpretation of the injuries, how they might have occurred, with what degree of force and with what consequences.

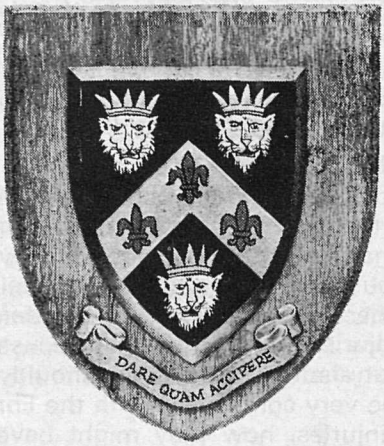
Secondly, the reconstruction may afford the Court insight into the validity of the accused's defence. If he is claiming self-defence, the Court will want to know if there are any injuries on the deceased which could be those of assaulting the accused, e.g. bruises and small lacerations over the knuckles and backs of the hands. The same may be pertinent in a defence of provocation. On the other hand, terrorizing slashes in the face in the absence of defence wounds on the hands or arms would suggest that the deceased was incapacitated at the time tending to show that self-defence or provocation were unlikely.

Conclusion:

In Court, a doctor is in a better position to assist if he has some awareness of the legal background to the particular charge. For the Forensic Pathologist, a knowledge of some of the elements of murder and manslaughter is important. Some of the difficulties of interpretation facing the Forensic Pathologist and ways in which he can assist the Court are presented.

Stephen Cordner F.R.C.P.A., M.R.C.Path., is lecturer in Forensic Medicine at Guy's.

Guy's Hospital Gazette



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L. M. G.: Sex Research and Sex Therapy

by L. M. G. Representatives

The L.M.G. Symposium entitled "Sex Research and Sex Therapy: The Ethics of the Socially Acceptable" was held at Guy's on 11th October. A large audience of students and others professionally interested was present. The meeting was chaired by Dr. Maurice Yaffé, Senior Clinical Psychologist, Guy's Hospital, who introduced the speakers and later promoted a controversial and stimulating discussion.

The first speaker was Dr. Martin Cole, Sex Therapist at the Institute of Sex Education and Research, Birmingham. He initially drew our attention to the reticence and ambivalent attitudes of English people towards open discussion about sex. This, he said, is reflected in the lack of funding for the study of sexuality. The only course in Human Sexuality is held at St. George's Hospital. As a result, many people with minor sexual problems are deprived of treatment.

He maintained that 1 in 10 people in this country find sexual intercourse impossible. He advocated surrogate therapy – i.e. the non-exploitive active treatment of sexual dysfunction by a trained sex therapist – for heterophobics, people who are single, divorced, bereaved, separated, mentally or physically handicapped, people with colostomies, sex offenders and married couples.

Dr. Michal Crowe, Consultant Psychiatrist, Maudsley Hospital, spoke of the hypocrisy of society in its attitude towards sex. For example, the tabloid newspapers, which will sensationalise and condemn sexual issues in the same sentence. Dr. Crowe worries about the idea of "purely mechanical procreation" and prefers to treat relationship problems in a less radical fashion than Dr. Cole. He sees no place for separate sex clinics, and would rather treat couples together in his Family and Marital Therapy Clinic. He likes to include humour in the "desensitization process" and thinks that learning to share emotions is an important part of love-making. He disagreed with the use of surrogate partners for married couples. Various experiments are currently being performed to study the physiology of sexual response, such as the "tonic glandipudendal reflex" observed by applying clitoral stimultion to produce vaginal muscle wall contraction. Local injections of phenoxybenzamine or V.I.P. into the corpora cavernosa have been used to initiate erection.

The third speaker was Dr. J. Robert Meyners, Associate Director, Masters and Johnson Institute, St. Louis, Missouri. He said that social consensus was both inevitable and regrettable in regulating sex research and sex therapy. Indeed to continue as a scientist, one had to work within social and moral constraints. However, "Innovation was lost if we became slaves to the socially acceptable".

Dr. Meyners told us of a pioneering film made at the Masters and Johnson Institute a few decades ago, about the response of the vagina

during orgasm. A light was shone through a dildo used in the filming and changes in the vaginal wall observed throughout orgasm. However, the film was banned from release outside the Institute when it was suggested that it contained a pornographic element. When the woman put her hand down to insert the dildo, it could be clearly seen that her fingernails were varnished!

Dr. Meyners also pondered on the ethics of a sex researcher who wanted to measure engorgement of the labia following clitoral stimulation, in the clinical surroundings of his own office. He reiterated his view that workers in the field of sex research should never lose sight of the ethical issues involved.

An interesting discussion followed, when the speakers were asked to expound on particular aspects of their approach to sex therapy.

The next meeting of the L.M.G. to be held at Guy's was on Thursday, 22nd November at 5.45 p.m. in the anatomy Lecture Theatre, entitled *"Parental Abuse of Children: No case for a second bash."*

How to Obtain Extra Money!

by Phil Steadman

There is no doubt that many students, nowadays, experience financial difficulties. Grants are low, and living in London is expensive. However, students are often eligible for certain benefits. I know from my own prior student experiences and recently talking to fellow students on my course, that these benefits are not well known by any means.

Important benefits are the rent and rate rebates. Depending on individual circumstances, any rent paid in excess of £18.65 per week can be reclaimed from your local housing authority. You do not have to be in council property, private lodgings and halls of residence to qualify. You must have lived in your area for a qualifying period; in Camden, the area where I live, it is 14 days. For someone in a hall of residence for example, with no other income than their grant, a rebate can make a huge difference to their standard of living. Even with other income, some money can often be claimed. If you pay rates, e.g. you own your own house, have a mortgage, or are a council tenant, then you can often get a rate rebate. It is even possible to get both rent and rate rebates. If in doubt, apply! Don't delay as you cannot claim retrospectively. The address and telephone number of your local housing benefits division will be in the directory, or will be available from any local Citizen's Advice Bureau.

Pupils' Physical Society

A meeting of the Pupils' Physical Society was held on 16th October, on the subject of "Medicine in the Year 2025", and was chaired by Wiktor Zbrzezniak.

The first speaker was Dr. Hicks who began his delivery with an uncharacteristic display of personal informality of a type more usually associated with the second speaker! Will consultants really wear green short-sleeved shirts in forty years time? Dr. Hicks began his discussion by suggesting some areas in which he felt developments were predictable. He cited computerisation of medical records and increased verbal interactions with computers as obvious developments, and proposed that mechanisation in the control of diabetes, cardiac arrhythmias and epilepsy could reasonably be expected. He foresaw new disease patterns related to travel and the possibility of new therapies resulting from the studies of the problems of space travel. The area of genetic manipulation was considered together with the prospects of genetic therapies and fetal monitoring and *in utero* correction of genetic defects. Dr. Hicks then turned from the technical to the social context of medicine in forty years' time. He traced the concepts and ideas about death from the sixteenth century to the present, and quoted Illich who described death as "the ultimate form of consumer resistance". He proposed to us that the boundaries of life and death would have needed redefinition by 2025 and the greater technical abilities of the doctor would have to be matched by an increased social awareness.

Dr. Fry spoke next. He put to us the system of an object and its neurohumoral representation. He saw man as interfering at every stage of this system and then grappling with the consequences. He foresaw further interference with the system as the development of neurotransmitters and endorphins allowed behavioural manipulation, somewhat akin to, although ostensibly more sophisticated than, electrode implantation procedures in animals. He predicted an increased segregation of human beings with those at the base of the hierarchical pyramid being more easily classified as "bad" or "deviant". He suggested that in the future, treatment might be given or withheld on the basis of social utility. Finally, somewhat in contrast to this developing hierarchy, Dr. Fry predicted a breakdown of gender roles – he suggested that by the year 2025, there will be a much greater degree of hormonal and psychological involvement which could override genetic sex.

In the ensuing discussion, the role of social factors in the medical system of the future was contemplated. Parallel with the present advances in technology there is renewed interest in "alternative medicine". It was suggested that society may need to decide whether the doctor is able, in a restricted financial atmosphere, to offer any more than technical expertise and perhaps the future will see the development of non-doctors as

professional sympathisers. The problem that the increasing aged population will pose in 2025 was discussed. Dr. Hicks foresaw the possibility of a process of "total body replacement", leading to hugely increased life spans and this tied in with his earlier remarks about redefining the concept of death.

Mr. Zbrzezniak brought the meeting to a close and suggested that perhaps ethical constraints would prevent to some extent the developments forseen by the speakers – one wonders how many of those present at the meeting will be alive in 2025 to find out.

Ruth Ayling

Learn to be WISE

by Elizabeth Dymond

In an effort to change the view that physical science careers in the National Health Service are only suited to men, the Department of Clinical Physics and Bioengineering of Guy's Hospital held an afternoon meeting on 3rd October, 1984. "Learn to be WISE" at Guy's was attended by approximately 110 girls from a dozen schools in the Lewisham, Southwark and Greenwich areas. The meeting was organized as part of the Women Into Science and Engineering (WISE) Year; run jointly by the Equal Opportunities Commission and the Engineering Council, WISE aims to introduce engineering and science careers to women as it feels that the full potential of women in these fields has not been realised. WISE events have been held throughout the country and have been aimed at schools, teachers, parents, and employers.

Speakers from Guy's, Chailey Heritage (a hospital and school for disabled children), and the South East Thames Regional Health Authority outlined their work as physicists, engineers and technicians in the Health Service. Examples of this work included design and repair of electronic equipment such as communication aids for handicapped people and responsibility for the accurate performance of equipment in operating theatres, radiotherapy and nuclear medicine departments. Supervision of patients performing lung function, hearing and cardiac tests was also described. Several speakers outlined the routes their own careers had taken and gave details of qualifications ranging from 'O' levels and CSE's to degrees to enter their various professions. They also gave information on training given by the hospital or local colleges once they had been employed.

All the speakers agreed that their work could be carried out equally well by either women or men with appropriate qualifications and training. Statistics from various professional organisations suggest that the percentage of women physical science employees is higher in the national Health Service than in industry in general.

The pupils attending the meeting supplied many questions to the final discussion session and were interested to discover the wide range of scientific and engineering work carried out in the National Health Service.

Dental Notes

by Mr. A. D. Robinson and Dr. S. J. Challacombe

The Materialist in Dentistry

It might be thought that recent television programmes and articles in *The Times* and other newspapers had covered the subject well enough, indeed, too well for most of our liking, but this is not the sort of materialist we are thinking of just now. We are referring to the exponent of the science of dental materials. The subject was brought to mind by a recent invitation to view the new Department of Dental Materials, now housed in what used to be the Physics Department in the Medical School building.

For a number of years (since 1972 in fact), Dr. David Brown has taught and managed Dental Materials Science by himself. Prior to that, the subject was taught by a chemist and a dental clinician (with an interest in metallurgy). The new Department is spacious and well equipped. It is headed by Professor Norman Waters who has moved over from The Royal Dental Hospital. He is supported by Dr. David Brown, Dr. Martyn Sherriff, Mr. P. Ward and a departmental secretary.

There should be much greater opportunity for investigations and research on this ever widening subject. Dental Materials Science is a conglomerate of Physics, Chemistry, organic and inorganic and Metallurgy. In scope and relevance to the practice of dentistry it is or should be thought of as on the same level as Pathology, Microbiology and Pharmacology. We may hope that in time students' knowledge of the subject will be tested by more than just one compulsory question in Part IV of the B.D.S. Final.

Dr. David Brown is to be congratulated on the excellence of his Martin Rushton Memorial Lecture given to the Metropolitan Branch of the British Dental Association on Thursday, 8th November. The subject was "A Little Light Relief". What a pity there were not more of Guy's staff in the audience. It was, however, a pleasure to see Mrs. Dorothy Rushton at the lecture.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are January 16th and February 13th, 1985.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

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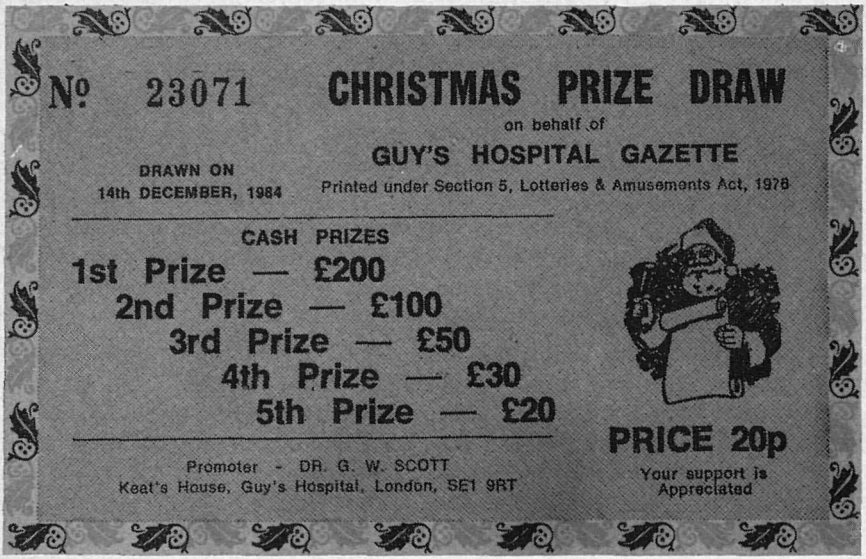
Guy's Gazette Christmas Raffle



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Physiotherapy

Two "good buys" became apparent this Autumn – the set of students who started training in 1981 and qualified this year, and the set who started a quarter of a century ago and celebrated the 25th anniversary of their qualification in October.

To take the senior group first – they were the October intake of 1956 in the days when the courses started twice a year and ran for rather more than three calendar years. Nineteen of them were rounded up and presented themselves at their reunion meeting and the absentees currently abroad are pressing for a re-run in the near future so that they too can enjoy a nostalgia jag. What makes them value-for-money as far as the N.H.S. goes, is that of the 22 who qualified in 1959, 17 are still practising. Of the 18 still resident in the U.K. – all of whom attended – 14, all of them married, are in practice, 3 full-time and the remainder part-time. They have made a point of keeping up-to-date by attending courses – one of them taking advantage of her husband's business trip to South China to take an acupuncture course in a college of traditional Chinese medicine. Rather a nice touch of the exotic here, in that she practised inserting her needles into an aubergine. As my correspondent points out, the N.H.S. does well out of its experienced, technically up-to-date and with-it part-timers paid on basic-grade rates. . . .

The more junior group, who started in September, 1981, and followed the present day academic year course, comprised 39, if we discount one who transferred to Guy's only a few months before her exams. Two others are left over, so to speak, and will not now qualify until 1985, and two others, who left the course after Part I, are no longer pursuing physiotherapy. However, one of these is currently training as a nurse at Guy's and the other, after taking a beauty therapy course, has started nursing training at Addenbrooke's, so all of these have, or shortly will have, become employed in the N.H.S. and are making a return on the investment made by Society in the form of their bursary.

Looking at the distribution of this second group is interesting. Five of them briefly went abroad after their exams, two to work in a mission hospital in Ruanda, one to work in the U.S.A. where her husband is employed, the other two to travel in New Zealand and Africa respectively. Four of the rest are working out of London, one for a change of scene, the others because of husband/fiancé's location. 13 are working in London Teaching hospitals, including 4 in the Guy's Acute Unit and 1 in Lewisham and the other 17 are broadcast over Greater London with little concentrations in the Whittington and in Barnet.

Badge presentation and prize day on 1st December will bring us up to date with first impressions of life beyond Guy's, but occasional contacts imply that all goes pretty well, thank you very much, and that satisfaction is the lot of the majority. Rightly enough, candidates for 1985 entry, currently being interviewed, are asking about job prospects and it is reassuring for them, and for us, that their predecessors have found good homes.

Ronald J. Cooper

Æsop Æsthete, against his better judgment, visits the bar

Despite warnings of armed thugs laden with broken bottles and riot control gas, I have decided to risk life and limb, selflessly to report on the goings on in the bowels of Boland House for the benefit of the sensible majority of Guy's: those who never go there. It is a peculiar sub-culture: medical students rub shoulders reluctantly with dentists, but slowly with nurses. A whole microcosm of the caring professions is to be found there. Let's take this opportunity to examine each species.

M.C.P. MEDIC: Michael has earned his place at Guy's recently, and naturally he feels the rest of the world should know: (a) because it's good for them, and (b) because he reckons he's a good catch. At Inflams and the like, he does not have to be pressed too hard, painfully to reveal that in fact he is a medical student, and yes, he is training to be a doctor. Always pained when asked what he is specialising in, or if he is going to be a nurse. The last one hurts. If found in the bar, the medical student is usually a jovial chap – much given to "Best", but with considerable gastric lability.

DESMOND DENTIST: Des is your life and soul of the bar, or feels he would be if he didn't drift into unconsciousness every time he neared his intellectual peak after ten pints of beer. His opinion, although rarely sought, is freely given. Behaviour lapses are common, and the vermin in their group must be seen to be believed. However, a friendly crowd, and useful to have around when Kev Cook is about (*see below*).

NIKKI NURSE: Nikki is very bright, and the fact she is university material and still expected to wipe ungrateful backsides is barely tolerable as long as she can meet the *right man* whilst at Guy's. Having watched a lot of television programmes on doctors and nurses, she is inevitably disappointed to find that (a) most medics are female, and (b) half of the rest are sociophobes and live in the library. Of the rest, found in the bar, she can barely conceal her contempt, as they letch at everything, assuming the world owes them a living and a nurse owes them their body. However, if desperate, Nikki may go to parties and the like; her lot, however, is not always a happy one.

PIPPA PHYSIO: Pippa and her crowd are trying to get rid of the grossly unfair label of Sloane Rangerhood. Despite this, they stick, with almost religious fervour, to their guernseys and pearls. Most are more highly born than M.C.P. or Desmond, and naturally assume that they are above the lascivious body of men to be found at Guy's. Not withstanding this, they can occasionally be rummaged out at Inflams and parties. However, they are nearly always home at weekends, resplendant in their Barbours and Huntress wellies. A lively crew, nevertheless.

RACHEL RADIO: Rachel is one of the most gregarious species at the hospital. She can be readily spotted at hops, throwing her body about with alarming abandon. Often described as "susceptible". A lot of fun, and quite sought after.

KEVIN COOK: Always an unwelcome visitor to the bar. Poor form for social adaptability. Rife pansynaptopenia amongst Kev's means that they are readily spotted. Can be aggressive, so best handled with help from Desmonds (*see above*).

MALEVOLENT MARTIN MILLWALL: Mart is one of the most recent additions to the fauna of the bar, and certainly the least enthusiastically received. Has recently learned to use tools (half-bricks). Not much loved.

Summary

There are of course many other species and subspp. to be found in the bar, each with their own unique behaviour patterns.

As an *aide-memoire*, consider the following collective nouns when next nature spotting in the bar:

A Brag of Medics; a Stagger of Dentists; a Giggle of Nurses; a Cocktail Party of Physios; a Slow Dance of Radios. For Kevins and Malevolent Martins: a Malignancy.

Æsop Æsthete

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Eugene Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

I see that Boland House is now having "Bouncers" for its functions. I am sure that this is a retrograde step – though, judging by the last *Passim*, the editor would disagree.

I hear that there is a purported new "belly butting" "*champion*" who was proclaimed recently. Unfortunately, it was very much a second team event: not even the alleged former champion (an obvious pushover) was represented. It's time we brought back the real champions. . . .

Seen in a recent psychiatric clerking: "_____ is not the brightest mind on the planet. . . ."

Oh dear! The Penetrators seem to have got sucked down recently, due to *"pressure of work"*. Let's hope that they revive soon!

I understand that falling out of a window is even more dangerous than second team rugby: you don't fracture L1, ribs and an ankle at the same time in rugby – usually!

I hear that the Dom gave a dissertation upon heathens recently. He should know.

A gross display of jealousy from XYY was seen in the Ballroom recently, when slinging gin. I hope the aggression will be contained in time for the *Snowflake*.

I feel that there was a rather disappointing display by the final years on completion of the pathology written papers. At least a former captain of the *Spirochaetes* rose – or sunk – to the occasion, albeit a trifle early at 8 pm – though he did seem to outlast certain people who attained horizontal status at a rather earlier hour. Still, a bad performance overall. We hope that the dental finalists can do better.

I understand that Bob was recently a bit ratty with George.

Who are the Catgut octet?

A misprint that did not get through (makes a change, perhaps): our local bran pusher was due to be printed as Professor McOil. It isn't really amusing, especially as it had been used several times in Residents' plays – but it ought to go down on record that we do notice *some* spelling mistakes.

Who is Gordon? I understand that this is a burning question at Goldsmith's College.

By the time of publication, we shall already know the result of one of the most eagerly awaited results at Guy's for many months . . . just who will the Irish Fool take to the *Snowflake*? I am sure that there will be a winning filly from Ron's stable.

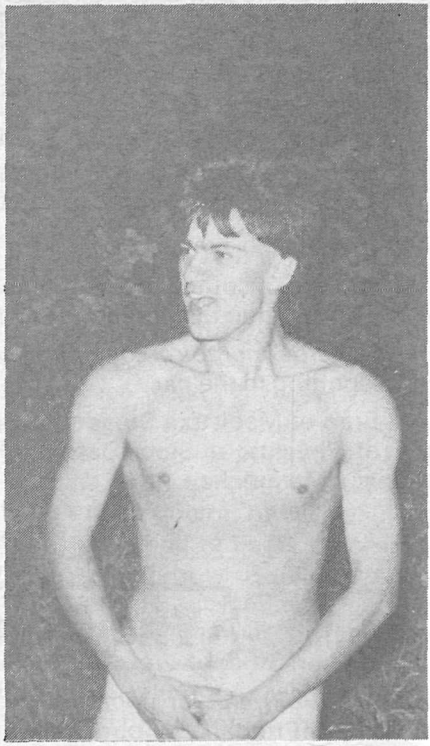
"Cheers, very lot": does this mean anything to you? Perhaps it's a sign that there are Springboks back at Guy's – or perhaps wildebeeste?

I understand that a certain end-of-firm sign-up M.C.Q. was rather out of line with expectations. With magnificent disregard for the scientific method – as one would expect from surgeons – they just ignored the whole thing. I wonder what the reverse sign-up system had to say?

I recently popped into *Xenon* and saw some dentists illustrating a communication gap between the D.J. and the dance floor. I believe that *Aer Lingus* is no longer welcome at certain West End nightspots, even if one of the consenting adults was Irish, and the other was certainly consenting. . . .

What a shame that J.R. couldn't turn up to the Clubs' Union Summer camp. I'm sure it spoiled everyone's holiday. . .

I am glad to hear from a *"posthumous"* half-blue that Hong Kong R.F.C. managed to beat the Westminster on tour. A sinking ship in a crumbling outpost. . . .



The Clubs' Union had a summer holiday camp in Dorset . . . as usual, I bring you the pictures that were not fit to print . . . behold Naked Man II. *Carry on Sergeant Major*. . . .

Seen at a recent Obs. and Gynae. party . . . looks as though the jovial recipient of yet another *"Kissogram"* could do with some A.I.D. himself.

I am afraid that I shall be saying farewell with this column, being superannuated – not, some would say, before time – by my younger brother Cedrc. I shall retire to my vineyards with Magnus and Brian. However, as my old friend Fu Manchu used to say . . . *"I shall return"*. . . .

Eugene Bore

Sport

MOUNTAINEERING CLUB

So far this autumn there have been two trips, the first to Snowdonia and the second to the Lakes. Interest has been flourishing with thirty-six different people taking part in at least one of the weekend outings and ten in both. The publicity surrounding the Santa Cruz expedition has deserved the attention it has drawn. Mountaineering at Guy's has more "street-cred" now than it used to. However the image of the club merely as a haven for super-heroes should have faded, certainly in the minds of those who have been on the trips so far. This may have had something to do with the dull weather encountered which has meant that walking has been the only activity which we have practically and safely been able to enjoy. Here we are talking of day-time entertainment . . . as for evenings, new stars have begun to glister. Could it be that the sharp contrast between the icy blasts of the mountain tops and the warm atmosphere of the pub in the evening has teased a beery little lupine mascot out of his lair?

Fabrizio

RUGBY CLUB
Guy's 4th XV vs. Sutton and Epsom
Lost 40-0

A score line of 40-0 may, to the inexperienced, appear to be quite a stuffing, and to be honest it was, but one must be optimistic for there is a lot of budding young talent, very keen to work its way up in Guy's Rugby Club. Some will go far.

The pressures of Freshers' Week left many of the new availables, unavailable for selection, so it was once again left until Friday night in the bar to make the final choice of players. People were actually asking for a game, but actually later regretting their rash decision, as the hangovers wore off and they trudged from the pitch with their heads hung low.

Not much of note occurred during the game, Guy's having very few chances to make their presence felt on the pitch. Those opportunities that did arise were squandered in the most spectacular fashion. Simon, deciding that to play until the final whistle would be just too humiliating, had a recurrence of that old injury – "you know the one" – and had to leave the pitch. The Fresher front row performed exceedingly well, considering the size and experience of their less than gentle opposite numbers. Let's hope they keep it up. Chris Redman eventually stopped moaning when he discovered he wasn't to play on the wing, OR second row, but could at last show his talents as flanker. He was keen.

Team: Pugh, Morgan, Cheah, Brooke, Gould, O'Malley, Redman, Carruthers, Hint, Flemming, Hyder, Carruthers, Preece, Tigh, Vickery.

Chromatin Mass

LADIES' HOCKEY 1st XI

The season began well with the 7-a-side tournament at Motspur Park. We were shown to be very unfit but not without hope. After the efforts of last season we have been promoted to the First Division of the League, and face hockey of a much better standard.

The first two league matches are best forgotten, but since this rocky start, the team has improved greatly. The defence has been solid all term and now the forwards are playing well together too.

Once the opposition had eventually arrived, we had a well-fought match against Chelsea College with Cressida Barry and Carlie Holden both scoring.

The team romped to victory in the 1st round of the Knock-out Cup Competition against Bedford College. On arrival we looked in horror at the pitch – a field resembling the foothills of the Alps. Undeterred, all the forwards scored twice each with a hat-trick from Fizzy Little. The next round of the Cup is on 8th December.

Sue Hamilton and Debbie Bateson both now play for ULU teams following trials in October.

Results

7-a-side tournament – Both A and B teams came 2nd in their groups

v. London Hospital I –	lost 2-0
v. Barts I –	lost 8-1
v. Royal Vet. College –	won 2-0
v. Chelsea College I –	won 3-1
v. Bedford College –	won 12-1

New players are always welcome. Contact us by the Club Pigeon Hole in Boland House.

Caroline Holden

Guy's Go Mad in Dorset

The sun had only just risen over the consultants' car park when the intrepid 2nd B.M.S. campers assembled outside Boland House. Two hours later, the transport arrived expertly handled by Shannon and Houghton and closely followed by Andy "Arthur Daley" Farmery having just secured a nice little earner on the camp lagers.

No self-respecting medical student could have left the *alma mater* without checking-out their 2nd B.M.S. summer exam results. We were no exception and, after giving them the nominal interest they deserved, we all donned our brown trousers and bicycle clips in anticipation of the driving conditions and piled into the minibuses, Thunderbirds I and II.

We were most flattered to be waved farewell by the Dean and Mr. Bompas who rather innocently asked us who we were playing(!?). Avoiding any obvious flippancy, Shannon led the way and sped out of the car park, closely followed by Houghton, who, having left a fragment of the minibus entangled in the car park gates, found his glasses and was soon in hot pursuit.

The journey was fast and furious punctuated only by the frequent breaks. Some splendid games were played en route; everybody enjoyed "Throw the egg at the other minibus" and, as usual, "Put lots of shaving foam on each other" was a great favourite.

Having arrived in Dorset we were cordially greeted by our friendly Farmer Host and his wife, Mrs. Host.

Without delay camp was pitched in the most exposed and windy place we could find.

Richard "Del Boy" Thomas, Andy "Mr. Organisation" Farmery and the Irish Fool were each awarded a badge for "The tent more suited to an Everest Base Camp than a field in Dorset".

T.J.F. made its debut.

After this strenuous work a good stoking was in order and our resident chefs, André and Janec set to work on the evening's repast, aided and abetted by Crimlisk and Moose "Low amine level" Head. Together, these four culinary cavaliers managed to produce an exotic chile which proved to be the only foodstuff known to man which can remain a full twelve hours in the alimentary canal and emerge totally unchanged, although a trifle warmer.

As washing-up volunteers were few and far between, we threw the crockery away and went to the local hostelry to be entertained by a certain Capt. Morgan and his pretty young assistants who received a rather splendid touching-up by David "I'll do anything for a free drink" Vickery. It was on this occasion when fate once again played its hand in bringing together two lonely wonderful people; XYY and Mrs. Vera Gobblegobbleexcuseme – clinkgobblegobble.

After Nigel "Jammy Bastard" Marchbank managed to win almost every raffle prize, it was reported to camp leader that both drivers were well pissed. A quick game of "Hunt the sober person with a full driving licence" followed (Marchbank, Cieslicki and the Moose were disqualified on both counts) and Dipti "I can't see over the steering wheel" Amin was the winner.

Just before lights out, James "Naked Man I" Quinn made a fleeting appearance – which was the shape of things to come.(?)

The tranquillity of the following morn was cruelly shattered at 5.17 a.m. by Tony "Stretch 2, 3, 4, 5, 6, 7, 8" Gardner whose reveille was followed by a Fonda workout.

- Sadly the camp porridge was maliciously sabotaged by Helen "Plenty of salt" Crimlisk which necessitated a sortie into Shaftesbury for "36 full breakfasts please". - The rain continued.

The camp outing to Salisbury proved a great success and on the way home we dropped in on Wing Commander and Mrs. Barnes; "36 teas and biscuits please". XYY watered the garden plants in his own inimitable style. Louise "Senokot" Barnes decided to stay, but for the rest of us it was "chocks-away" and back to camp.

– T.O.S.D. was (unfortunately) born.

– Still raining.

While some were collecting firewood, the more energetic staged a momentous baseball game in which the legendary skills of the Calamarez Brothers (José, Rosé and Posé) shone through with El Nav striking the winning run, much to the distress of Sarah "Babe Ruth" Corston.

As dusk fell, Geoff Cool arrived in the Passion Wagon much to the delight of the snatch, and joined in the camp fire run.

Hank Vyas entertained all with his instrument.

– Still raining.

After many ginger beers, the "Big Game Hunting" began with the first Naked Man Safari, and after a little persuasion (very little) The Exhibitionist took the rôle of Naked Man II.

John "I don't get drunk very often, but when I do I ******* go for it" Houghton refusing to go to bed, threw a tantrum (and a pickle jar and a gas cylinder).

Next day's treat was the day trip to Bournemouth. The only pub in a 25 mile radius was quickly found, and the person most likely to be banned, was. Nice one Peacock.

On returning to camp we found Wallywell and Gnasher "asleep" in the love bug; didn't seem too pleased to see us.

Later that very same evening in the local saloon, Quick Draw Pocock and Sioux staged a mock gunfight; of course WE all knew it was tomato ketchup, but I'm sure some of the locals were fooled when Sioux finally bit the dust with the immortal line: "And *THAT*, Nigel, is *EXACTLY* what I mean!"

El Navroth the famoth Thpanith Matador made a brief appearanth with hith truthty interpreter, Antonio.

Naked Man Safari that evening starred Naked Man III (nozzer) and IV (that nice choirboy chappie).

Unfortunately the appearance promised by Naked Woman I was cancelled due to frozen areolar tissue, nice thought though Tina.

On night manoeuvres that evening XYY gave us the benefit of his Borstal training - hotwiring smoke bombs into Thunderbird II.

The emergency midnight tutorial was "Genetics" – to explain the meaning of XYY to Adrian "I don't look like Phil Collins" Millman.

And so the final curtain was drawn on this year's Bumper Summer Camp and 39 tired, damp but emotionally fulfilled campers returned to Guy's.

Acknowledgements

– Special thanks to the President for not coming.

– No thanks at all to the Medical Sickness Society for refusing to sponsor us, and to Emma and Jonathan for breaking the only camp rule.

Dennis Liquid
and **Roland Butter**

Hospital Information

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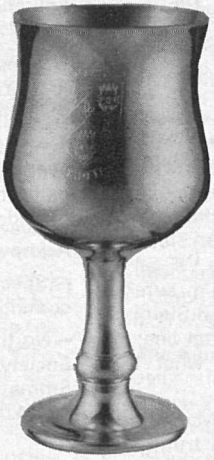

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SYMMONS, Ralph, V.R.D., L.D.S., R.C.S., died peacefully in his home in Oxford on 14th September, aged 78 years.

OGSTON, R. D. of Hindhead, Surrey. Qualified L.D.S., R.C.S., 1938. Died 1st October 1984.

BROMLEY, James, L.D.S., R.C.S.(Eng), 1932. Died peacefully at home on September 23rd 1984, in Rhewl, Ruthin, Clwyd. To where he retired after a lifetime of general practice in Darwen and Chorley, Lancashire. He leaves a widow, Doreen, and the children, Ian, Robert and Rachael.

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